

GENERAL INFORMATION, DEFINITION, AND INSTRUCTION
For Filing Health Care Service Plan Financial Report Of Affairs And Conditions
21 pages

GENERAL INFORMATION, DEFINITION, AND INSTRUCTION

For Filing Health Care Service Plan Financial Report Of Affairs And Conditions:

GENERAL

1. Filing Dates:
Annual: Required to be filed in duplicate within 120 days after the close of the fiscal year. The Annual Audit Report should accompany the Annual Reporting Form.

Quarterly: Required to be filed in duplicate within 45 days after the close of the quarter.

Monthly: Required to be filed in duplicate within 30 days after the close of the month.
2. Review the checklist on Page 21 to determine which Reports, Interrogatories, Schedules, Notes to Financial Statements and Supplemental Information are required to be submitted to the Department of Managed Health Care ("Department").
3. The reporting date and the name of the company must be plainly written or stamped at the top of all pages, exhibits, and schedules (and duplicate schedules) and also upon all inserted schedules and loose sheets.
4. Printed statements or copies produced by some duplicating process, in lieu of handwritten or typewritten statements, the actual blanks required by this Department, will be accepted if (1) printed or duplicated by a process resulting in permanent black characters on a good grade of paper of light color; (2) such statements and all supporting schedules contain all the information required with the same headings and footnotes, and are of the same size and arrangement, page for page, column for column, and line for line, as in the blanks required by this Department, unless the company is otherwise instructed.

The reporting entities are instructed that they may **not** submit faxed pages as their filing.

Printing Standards

- a. Commercial printers must be furnished with original laser printer output generated at appropriate laser settings to give the highest print quality.
- b. No font smaller than 8-point type may be used. Ornate fonts may not be used.
- c. Numbers must be presented in non-bold, non-italic type.
- d. Numbers must be non-proportionally spaced.
- e. The annual and quarterly statements must be printed at 9 lines per inch.
- f. Unobtrusive dotted leader lines shall be printed across the page to guide the eye to the reported figures. They should not touch the reported figures.
- g. Slashed zeros (ø) should not be used.
- h. The number of detail write-in lines printed in any one-detail write-in section should be three (3). Remaining detail write-in lines, if any should be reported on the overflow page.

These rules shall not apply to pre-printed line captions, column headings, or footnotes.

All annual, quarterly, and monthly statements and all filing forms associated with these filings are to be on 8.5" x 11" or 8.5" x 14" paper.

5. Blank schedules will not be considered properly filed. If no entries are to be made, write "None" "not applicable (N/A)" or "-0-" across the schedule in question. Every page of the filing should be accounted for in consecutive page number order.
6. Any item, which cannot be readily classified under one of the printed items, should be entered as a special item under the "other" and adequately described.
7. If additional supporting statements or schedules are added in connection with answering interrogatories or providing information on the financial statement, the addition should be properly keyed to the item being answered (Example – Interrogatories, #23" "Current Assets, #9").

8. The original Jurat (Page 1) of all filed financial statements,, must be manually signed by one or more appropriate corporate officer(s). If the signatory officer is located out-of-state, the original Jurat page must be properly notarized.
9. Any items that cannot be readily classified under one of the printed items must be reported with an identifying title in the appropriate schedule for each applicable page or section thereof entitled "DETAILS OF WRITE-INS AGGREGATED AT ITEM." The statement provides a limited number of lines for write-ins, but companies may add as many lines as necessary.
10. The "include" and "exclude" are examples only and are not intended to be all-inclusive.
11. If this report does not contain the information asked for in the blanks or is not prepared in accordance with these instructions, it will not be considered filed.
12. Whenever it appears in this report, the term "affiliate" of a person is a person controlled by, under the common control with, the plan, either directly or indirectly (see subsections (c) and (d) of Rule 1300.45).
13. Report all amounts in thousands or whole dollars. Companies may elect to report in thousands or whole dollar amounts to the nearer thousand or dollar or through truncation of digits below a thousand or a dollar (Examples: \$602,543.52 may be reported as \$603 (in 000's) or \$602,544 by rounding or \$602 (in 000's) or \$602,543 by truncation). It is expected that the failure of items to add to the summary of totals will reflect this treatment. Companies should report in the Notes to Financial Statements their manner of presentation.

ACTUARIAL CERTIFICATION

The reporting entity is not required to submit the actuarial certification unless they meet Rule 1300.77.2(d) of Title 22. According to Rule 1300.77.2(d), if a plan uses an actuarial estimate to calculate incurred and unreported claims, the actuarial estimate must be supported by an actuarial certification.

If the reporting entity is filing an actuarial certification, then Schedule I “Analysis of Total Medical Liability to Actual Claims Paid” is not required to be submitted to the Department.

The reporting entity should use the following guidelines if an actuarial certification is submitted to the Department:

- (1) There is to be included on or attached to Page 1 of the annual statement, the statement of a qualified health maintenance organization actuary setting forth his or her opinion relating to loss reserves, provision for experience rating refunds, and any other actuarial items. “Qualified health maintenance organization actuary,” as used herein means a member in good standing of the American Academy of Actuaries, or a person recognized by the American Academy of Actuaries as qualified for such actuarial valuation, or a person who otherwise has demonstrated his competency in such actuarial evaluation to the satisfaction of the commissioner.
- (2) Such a statement of opinion must consist of a paragraph identifying the actuary; a scope paragraph identifying the subjects on which an opinion is to be expressed and describing the scope of the actuary’s work (see Sections 5-7 below); and an opinion paragraph expressing his or her opinion with respect to such subjects (see sections 8-10 below). One or more additional paragraphs may be needed in individual cases if the actuary considers it necessary to state a qualification of his or her opinion or to explain some aspect of the annual statement, which is not already sufficiently explained in the annual statement.
- (3) The opening paragraph should generally indicate the actuary’s relationship to the organization.

For an actuary who is an employee of the organization, the opening paragraph of the opinion should contain a sentence such as:

“I (name and title of actuary), am an officer (employee) of (named organization) and a member of the American Academy of Actuaries.”

For a consulting actuary, the opening paragraph of the opinion should contain a sentence such as:

“I, (name and title of consultant), am associated with the firm of (name of firm). I am a member of the American Academy of Actuaries and have been retained by the (name of organization) with regard to loss reserves, actuarial liabilities and related items.”

For a person other than a member of the American Academy of Actuaries, the opening paragraph of the opinion should contain a sentence such as:

“I, (name and title), am an officer (employee) of (name of organization) and I [have competency in actuarial valuations for organizations of this kind] or: [am recognized by the American Academy of Actuaries as qualified to perform actuarial valuations for organizations of this kind] or:

“I, (name and title of consultant), am associated with the firm (name of firm). I [have competency in actuarial valuations for organizations of this kind] or: [am recognized by the American Academy of Actuaries as qualified to perform actuarial valuations for organizations of this kind] and have been retained by the (name of organization) with regard to such valuation.”

- (4) The following are examples, for illustrative purposes, of language, which in typical circumstances would be included in the remainder of the statement of opinion. The illustrative language should be modified as needed to meet the circumstances of a particular case, and the actuary should in any case, use language that clearly expresses his or her professional judgment.

- (5) The scope paragraph should contain a sentence such as the following:

“I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities, and related items listed below, as shown in the annual statement of the organization as prepared for filings with regulatory officials, as of December 31, 200_.

The paragraph should list those items and amounts with respect to which the actuary is expressing an opinion. The list should include but not necessarily be limited to:

- (i) Claims Unpaid (Reported and Unreported)
- (ii) Provision for deferred maternity benefits
- (iii) Other actuarial liabilities; and
- (iv) Premium items, such as receivables, due and unpaid, unearned, and paid in advance as they may relate to actuarial items.

- (6) If the actuary has examined the underlying records and/or summaries, the scope paragraph should also include a sentence such as the following:

“My examination included such review of the assumptions and methods used and of the underlying basic records and/or summaries and such tests and calculations as I considered necessary.”

- (7) If the actuary has not examined the underlying records and/or summaries, but has relied upon those prepared by the organization, the scope paragraph should include a sentence such as one of the following:

- (i) “I relied upon the records and/or summaries prepared by the responsible officers or employees of the organization. In other respects, my examination included such review of the assumptions and methods used and such tests of the calculations as I considered necessary.”
- (ii) “I relied upon (name of firm) for the accuracy of the underlying records and/or summaries. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary.”

- (8) The opinion paragraph should include a sentence which covers at least the points listed in the following illustration:

“In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- (i) Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- (ii) Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the Statement was prepared,
- (iii) Meet the requirements of the laws of (state of domicile),
- (iv) Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- (vi) Are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end,
- (vi) Include appropriate provision for all actuarial items which ought to be established.”

- (9) If there has been any material change in the assumptions and/or methods from those previously employed, that change should be described in the statement of opinion by inserting a phrase such as:

“A material change in assumption (and/or methods) was made during the past year but such change accords with accepted actuarial standards.” A brief description of the change should follow.

The adoption of new coverage requiring underlying assumptions, which differ from assumptions used for prior coverage, is not a change in assumption within the meaning of this paragraph.

- (10) If the actuary is unable to form an opinion, he or she should refuse to issue a statement of opinion. If the opinion is adverse or qualified, the actuary should issue an adverse or qualified opinion explicitly stating the reason(s) for such opinion.

- (11) If the actuary does not express an opinion as to the accuracy and completeness of underlying listings or summaries used in his evaluation, there should be included on or attached to Page 1 of the statement blank the statement of an organization officer or accounting firm who prepared such underlying data similar to the following:

“I (name of officer of the organization), (title of officer), of (name and address of organization)(or accounting firm), hereby affirm that the listings and summaries of data prepared for and submitted to (name of actuary) were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete.

“Signature”

REPORT #1 – BALANCE SHEET

PURPOSE:

The balance sheet reports the assets, liabilities, and stockholders' equity of the reporting entity at a specific date.

Column

2. **Current Period:** Enter the current information for the entity. For example, if the financial statements are for the year ended December 31, 2002, the information at December 31, 2002 should be entered in this column. If the financial statements are for the quarter or month ended March 31, 2002, the information at March 31, 2002 should be entered in this column.

PART A – BALANCE SHEET ASSETS

Line:

1. **Cash and Cash Equivalents** – Cash in the bank or on hand, available for current use. Cash equivalents are investments maturing 90 days or less from the date of purchase. Do not include restricted cash. Provide detail in Schedule A-1.
2. **Short-Term Investments** – Readily saleable investments acquired with temporarily unneeded cash. Do not include restricted securities. Provide detail in Schedule B.
3. **Premiums Receivable – Net** – Gross amounts collectible from groups or individuals who receive services from the reporting entity, less the amount accrued for premiums determined to be uncollectible for the period. This should not include fee-for-service. Provide detail in Schedule C.
4. **Interest Receivable** – Interest earned on investments but not received.
5. **Shared Risk Receivable** (for Limited License Plans Only) – Gross amounts collectible for the reporting entity's share in shared risk pools, less the amount accrued for receivables determined to be uncollectible during the period. Provide detail in Schedule D.
6. **Other Health Care Receivables – Net** – Gross amounts collectible from other sources (i.e., fee-for-service, COB, copayments, subrogation, non-affiliated provider receivables, advances to providers, etc.), less the amount accrued for receivables determined to be uncollectible during the period. Provide detail in Schedule D.
7. **Prepaid Expenses** – Future expenses paid in advance, i.e., unexpired insurance.
8. **Secured Affiliate Receivables – Current** – Any secured current accounts receivable from parent, subsidiary, and/or affiliates. For purposes of these reports, "Secured Affiliate Receivables – Current" are obligations that are fully secured by tangible collateral, other than by securities of the plan or an affiliate, with an equity of at least 110 percent of the amount owing. This includes short-term obligations of affiliates for goods or services arising in the normal course of business which are payable on the same terms as equivalent transactions with nonaffiliates and which are not past due. Affiliates are defined in Line 12 of the General Instructions. Security must be filed and approved by the Department of Managed Health Care for inclusion in the Tangible Net Equity Calculation. Provide detail in Schedule D.
9. **Unsecured Affiliate Receivables – Current** – Any unsecured current accounts receivable from parent, subsidiary, and/or affiliates. Affiliates are defined in Line 12 of the General Instructions. Provide detail in Schedule D.
10. **Aggregate Write-ins for Current Assets** – Enter the total of the write-ins listed in schedule "Details of Write-ins Aggregated at Item 10 for Current Assets." This line is the total from Report #1, Part A, Line 1099. Show restricted and non-restricted current assets, including inventories, and other items that are not included in the other Current Asset categories. The restricted current assets must also be reported on Schedule A-2.
11. **Total Current Assets** – Total of the above categories (Lines 1 thru 10).
12. **Restricted Assets** – Enter non-current restricted assets including statutory insolvency requirements. Provide detail in Schedule A-2.

13. **Long-Term Investments** – Long-term investments intended to be held for a period longer than twelve months. Provide detail in Schedule B.
14. **Intangible Assets and Goodwill – Net** – Assets of no physical substance; may include patents, copyrights, licenses, franchises. Provide gross amount, less amortization.
15. **Secured Affiliate Receivables – Long Term** – Any secured non-current accounts receivable from parent, subsidiary, and/or affiliates. For purposes of these reports, “Secured Affiliate Receivables – Long Term” are obligations that are fully secured by tangible collateral, other than by securities of the plan or an affiliate, with an equity of at least 110 percent of the amount owing. Affiliates are defined in Line 12 of the General Instructions. Security must be filed and approved by the Department of Managed Health Care for inclusion in the Tangible Net Equity Calculation. Provide detail in Schedule D.
16. **Unsecured Affiliate Receivables – Past Due** - Any unsecured non-current accounts receivable that is past due from parent, subsidiary, and/or affiliates. Affiliates are defined in Line 12 of the General Instructions. Provide detail on Schedule D.
17. **Aggregate Write-ins for Other Assets** – Enter total of the write-ins listed in schedule “Details of Write-ins Aggregated at Item 17 for Other Assets.” This line is the total from Report #1, Part A, Line 1799. Show non-current assets not included in the Other Assets categories.
18. **Total Other Assets** – Total of the above categories (Lines 12 thru 17).
19. **Land, Building and Improvements** – Include real estate and buildings owned by the reporting entity and improvements made to the reporting entity owned buildings. Provide detail in Schedule E.
20. **Furniture and Equipment** – Includes medical equipment, office equipment and furniture owned by the reporting entity. These items should be net of depreciation. Provide detail on Schedule E.
21. **Computer Equipment – Net** – Includes computer hardware and software owned by the entity. These items should be net of depreciation. Provide detail on Schedule E.
22. **Leasehold Improvements – Net** – Improvements to facilities not owned by the reporting entity. Provide gross amount, less amortization.
23. **Construction in Progress** – Buildings or improvements in progress or under construction. These items will be capitalized upon completion or utilization. Provide detail on Schedule E.
24. **Software Development** – Includes qualifying computer software costs incurred during the application development stage. Provide detail on Schedule E.
25. **Aggregate Write-ins for Other Equipment** – Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Item 25 for Other Equipment.” This line is the total from Report #1, Part A, Line 2599. Include automobiles, fixtures, and other fixed assets not reported in Property and Equipment categories.
26. **Total Property and Equipment – Net** – Total of Property and Equipment categories, less accumulated depreciation (Lines 19 thru 25).
27. **Total Assets** – Total of Current Assets, Other Assets, and Net Property and Equipment (Lines 11, 18, and 26).

PART B – BALANCE SHEET LIABILITIES AND NET WORTH

Column

2. **CONTRACTING** – Those Liability Categories not included in Column 2.
3. **NON-CONTRACTING** – Liability Categories resulting from unpaid uncovered expenditures (see below), the outstanding indebtedness of loans that are not specifically subordinated to uncovered expenses or guaranteed by the sponsoring organization and all other monetary obligations that are not similarly subordinated or guaranteed. Applies to Lines 3 through 8 only).

Uncovered Expenditures – the costs of health care services that are covered by a health maintenance organization for which an enrollee would also be liable in the event of the organization's insolvency. These are expenditures for health care services for which the reporting entity is at risk. They will vary in type and amount, depending on the arrangements of the reporting entity. They may include out-of-area services, referral services and hospital services. They do not include expenditures for services for which a provider has agreed not to bill the enrollee even when the provider is not paid by the reporting entity, or for services that are guaranteed, insured, or assumed by a person or organization other than the reporting entity.

4. **TOTAL** – Total of Contracting and Non-Contracting Columns.

Current Period: Enter the current information for the entity. For example, if the financial statements are for the year ended December 31, 2002, the information at December 31, 2002 should be entered in this column. If the financial statements are for the quarter or month ended March 31, 2002, the information at March 31, 2002 should be entered in this column.

Line:

1. **Trade Accounts Payable** – Amounts due to creditors for the acquisition of goods and services (trade and vendors rather than health care providers) on a credit basis. Provide detail on Schedule F.
2. **Capitation Payable** – Amounts due to capitated providers (i.e. medical groups/IPAs, ancillary, and hospitals) for medical services rendered to enrollees of the reporting entity.
3. **Claims Payable (Reported)** – Claims received and not adjudicated (not paid or denied). Refer to Rule 1300.77.4 (Items 1-4) for items to include in this section. Provide detail on Schedule G.
4. **Incurred But Not Reported Claims** – Incurred but not reported (IBNR) is an estimate for claims that have been incurred as of the date of statement preparation for which the reporting entity is responsible but has not yet determined the specific amount of liability (Schedule G, Section I, Column 2, Row 5).
5. **POS Claims Payable (Reported)** – Point of Service claims that are received and not adjudicated (not paid or denied). Refer to Rule 1300.77.4 (Items 1-4) for items to include in this section. Provide detail on Schedule G.
6. **POS Incurred But Not Reported Claims** – An estimate for point-of-service claims (include both in-network and out-of-network) that have been incurred as of the date of statement preparation for which the reporting entity is responsible but has not yet determined the specific amount of liability.
7. **Other Medical Liability** – Amounts due to plans/providers for withholds, shared risk pools, etc.
8. **Unearned Premiums** – Income received or booked in advance of the period to which it applies. A liability exists to render service in the future.
9. **Loans and Notes Payable – Current** – The principal amount on loans due within one year. Provide detail in Schedule J.
10. **Amounts Due to Affiliates – Current** – Any payable amount to an affiliate as defined in Line 12 of the General Instructions. This includes all loans, notes payable, and intercompany balances. Provide detail on Schedule J.
11. **Aggregate Write-ins for Current Liabilities** – Enter the total of the write-ins listed in schedule "Details of Write-ins Aggregated at Item 11 for Current Liabilities." This line is the total from Report #1, Part B, Line 1199. Show current liabilities not included in other current liability categories; include accrued payroll and taxes.

12. **Total Current Liabilities** – Total of Current Liability Categories (Lines 1 thru 11).
13. **Loans and Notes Payable (Not Subordinated)** – Loans and notes signed by the reporting entity, not including current portion payable. Include federal loans. Provide detail on Schedule J.
14. **Loans and Notes Payable (Subordinated)** – Loans and notes that are subordinated, not including the current portion. The reporting entity must have an approved subordinated agreement filed with the Department of Managed Health Care. Provide detail on Schedule J.
15. **Accrued Subordinated Interest Payable** – Enter the accrued interest due on the subordinated loan and/or notes.
16. **Amounts Due to Affiliates – Long Term** – Non-Current amounts payable to an affiliate as defined in Line 12 of the General Instructions. This includes all loans, notes payable, and intercompany balances. Provide detail on Schedule J.
17. **Aggregate Write-ins for Other Liabilities** – Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Item 17 for Other Liabilities.” This line is the total from Report #1, Part B, Line 1799. Show other liabilities of long-term nature.
18. **Total Other Liabilities** – Total of Other Liability Categories (Lines 13 thru 17).
19. **Total Liabilities** – Total of Current Liabilities and Other Liabilities (Lines 12 and 18).
20. **Common Stock** - The amount should equal the par value per share multiplied by the number of issued shares or in the case of no-par shares, the total stated value.

Authorized common stock is the number of shares that the state has authorized a company to issue.

Outstanding common stock is the number of authorized shares that have been issued and are presently held by stockholders (excluding treasury stock).

Issued common stock is the cumulative total number of authorized shares that have been issued and are outstanding. The number of issued shares includes treasury stock.

Treasury stock is the company’s own shares that have been issued, fully paid, and reacquired by the issuing company but not cancelled. Treasury stock is included in issued capital stock but is not part of outstanding stock.
21. **Preferred Stock** – This amount should equal the par value per share multiplied by the number of issued shares, or in the case of no-par shares, the total stated or liquidation value.
22. **Paid In Surplus** –. This line should be the gross amount of paid in and contributed surplus without reduction for commissions or other expenses in connection with such transactions, but reduced by a distribution declared and paid as a return of such surplus. Also, the amount reflects the amounts paid and contributed in excess of the par or stated values of shares issued.
23. **Contributed Capital** – Capital donated to the reporting entity. Describe the nature of donation as well as any restrictions on this capital in the Notes to Financial Statements.
24. **Retained Earnings (Deficit)/Fund Balance** – Cumulative earnings or deficit from operations, net of reserves and restricted funds.
25. **Aggregate Write-ins for Other Net Worth Items** – Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Item 25 for Other Net Worth Items.” This line is the total from Report #1, Part B, Line 2599.
26. **Total Net Worth** – Total of Net Worth Categories (Lines 20 thru 25).
27. **Total Liabilities and Net Worth** – Total of Total Liabilities and Net Worth (Line 19 and Line 26).

REPORT #2 STATEMENT OF REVENUES, EXPENSES, AND NET WORTH

PURPOSE: The income statement summarizes the results of the reporting entity's operation for a given time period by disclosing revenues earned and expenses incurred.

Column:

1. **Year-to-Date (ANNUAL):** Enter annual information for the past twelve months. For example, if the fiscal year ended December 31, 2002, the entity would report information for the year January 1, 2002 through December 31, 2002 in this column.

Current Period (QUARTERLY OR MONTHLY): Enter information for the current period. For example, if the quarter ended December 31, 2002, the entity would report information for October 1, 2002 through December 31, 2002. If the financial statements are for the month ended November 30, 2002, the information for the period November 1, 2002 through November 30, 2002 would be reported.
2. **Year-to-Date (QUARTERLY OR MONTHLY):** Enter year-to-date information. For example, if the fiscal year end is December 31, 2002 and the entity is currently reporting for the quarter ended September 30, 2002, the year-to-date information would be reported January 1, 2002 through September 30, 2002. If the financial statements are for the month ended November 30, 2002 (and the entity's fiscal year ends December 31, 2002), the year-to-date information would be reported January 1, 2002 through November 30, 2002.

Line:

1. **Premium (Commercial)** – Revenue recognized on a prepaid basis from individual and groups for provision of specified range of health services over a defined period of time, normally one month. Report POS premiums on Line 7. If advance payments are made to the reporting entity for more than one reporting period, the portion of the payment that has not yet been earned must be treated as a liability (Report #1, Part B, Liabilities, Unearned Premiums).
2. **Capitation** – Revenue from an HMO or health care service plan as compensation for providing health care services to enrollees of the reporting entity.
3. **Co-payments, COB, Subrogation** – Revenue recognized by the reporting entity for co-payments, COB, or subrogation.
4. **Title XVIII - Medicare** – Revenue resulting from an arrangement between the reporting entity and the Health Care Financing Administration (HCFA), for services to a Medicare beneficiary.
5. **Title XIX – Medicaid** – Includes revenue resulting from an arrangement between the reporting entity and a Medicaid State agency for services to a Medicaid beneficiary. The reporting entity, for a fee, agrees to cover the full medical costs of Medicaid subscribers.
6. **Fee-For-Service** – Revenue that is recognized by the reporting entity for provision of health services to non-enrollees and services provided to enrollees that are excluded from their prepaid benefit packages.
7. **POS Premiums** – Revenue recognized by the reporting entity for the provision of health care services to enrollees that are enrolled in a point of service plan.
8. **Interest** – Interest earned from all sources.
9. **Risk Pool Revenue (for Limited License Plans Only)** – Report revenue earned from risk-sharing contracts. The reporting entity may have contracts that contain certain shared-risk provision whereby the reporting entity can earn additional incentive revenue based upon the utilization of services by the reporting entity's enrollees.
10. **Aggregate Write-ins for Other Revenue** – Enter the total of the write-ins listed in schedule "Details of Write-ins Aggregated at Item 10 for Other Revenue." This line is the total from Report #2, Line 1099. Show revenue from sources not covered in the other Revenue accounts, such as recovery of bad debts or gain on sale of capital assets, etc.
11. **Total Revenue** – Total of the above revenue accounts (Lines 1 thru 10).

12. **Inpatient Services – Capitated** – Capitation payments accrued by the reporting entity to hospitals for the costs of routine and ancillary services to enrollees, while confined to an acute care hospital.
13. **Inpatient Services – Per Diem** – Per diem payments accrued by the reporting entity to hospitals for costs of routine and ancillary services to enrollees, while confined to an acute care hospital. “Per diem” is defined as a flat rate payment for each day of an enrollee’s hospital stay.
14. **Inpatient Services – Fee-For-Service/Case Rate** – Fees accrued by the reporting entity to hospitals on a fee-for-service basis for the costs of routine and ancillary services to enrollees, while confined to an acute care hospital.
 - Routine hospital service includes regular room and board (including intensive care units, coronary care units, and other special inpatient hospital units), dietary and nursing services, medical surgical supplies, medical social services, and the use of certain equipment and facilities for which the provider does not customarily make a separate charge.
 - Ancillary services may also include laboratory, radiology, drugs, delivery room and physical therapy services. Ancillary services may also include other special items and services for which charges are customarily made in addition to a routine service charge.
 - Include in the cost of utilizing skilled nursing and intermediate care facilities. Skilled nursing facilities are primarily engaged in providing skilled nursing care and related services for enrollees who require medical or nursing care or rehabilitation services.
 - Intermediate care facilities are for enrollees who do not require the degree of care and treatment which a hospital or skilled nursing care facility provides, but do require care and services above the level of room and board.
15. **Primary Professional Services – Capitated** – Report capitation payments accrued by the reporting entity to primary care physicians, dentists, or other professionals for the delivery of medical services.

Full Service Plans: Report expenses for physician services provided under contractual arrangement to the reporting entity. Include capitation payments paid by the reporting entity to physicians for delivery of medical services. Also, include the cost (salaries, including fringe benefits) associated with operating staff model facilities. Do not include expenses for services provided by other medical professionals (Line #17). For example, if a reporting entity offers medical and dental coverage, the expenses for the delivery of medical services would be reported on line 15 and the delivery of dental services would be reported on line 17.

Specialized Plans: Report expenses for services provided under contractual arrangement to the reporting entity. Include capitation payments paid by the reporting entity to dentists or other professionals for delivery of medical services. Also, include the cost (salaries, including fringe benefits) associated with operating staff model facilities.

16. **Primary Professional Services – Non-Capitated** – Report fees accrued by the reporting entity to physicians on a fee-for-service basis for delivery of medical services.

Include referrals by capitated providers for which the reporting entity is at risk (do not include expenses for medical personnel time devoted to administrative tasks).

17. **Other Medical Professional Services – Capitated** – Capitated payments accrued by the reporting entity to other providers.
18. **Other Medical Professional Services – Non-Capitated** – Fees accrued by the reporting entity to providers on a fee-for-service basis.

Other Medical Professional Services – Compensation, including fringe benefits, paid by the reporting entity to providers engaged in the delivery of medical services and to personnel engaged in activities in direct support of the provision of medical services. This includes, dentists, psychologists, optometrists, podiatrists, extenders, nurses, clinical personnel such as ambulance drivers, technicians, paraprofessionals, janitors, quality assurance analysts, administrative supervisors, secretaries to medical personnel, and medical record clerks.

19. **Non-Contracted Emergency Room and Out-of-Area Expense** – Expenses for non-contracted health delivery services including emergency room costs incurred by enrollees for which the reporting entity is responsible. This includes out-of-area service costs for emergency physician and hospital services.

20. **POS Out-Of-Network** – Report out-of-network expenses for enrollees who are enrolled in a point-of-service plan.
21. **Pharmacy Expense** – Report expenses incurred for providing prescription drugs to enrollees of the reporting entity.
22. **Other Medical** - Costs directly associated with the delivery of medical services under a reporting entity arrangement which are not appropriately assignable to the medical expense category defined above; e.g., costs of medical supplies, medical administration expenses, malpractice insurance, etc.
23. **Aggregate Write-ins for Other Medical and Hospital Expenses** – Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Line 23 for Other Medical and Hospital.” This line is the total from Report #2, Line 2399.
24. **Total Medical and Hospital Expenses** – Total of the above medical and hospital accounts (Lines 12 thru 23).

ADMINISTRATION - Costs associated with the overall management and operation of the reporting entity including the following components:

25. **Compensation** – All expenses for administrative services including compensation and fringe benefits for personnel time devoted to or in direct support of administration. Do not include marketing expenses.
26. **Interest Expense** – Report interest on loans, incurred during the period.
27. **Occupancy, Depreciation, and Amortization** – Expenses associated with administrative services which include the costs of occupancy to the reporting entity which are directly associated with the reporting entity administration. These include the costs of using a facility, fire and theft insurance, utilities, maintenance, lease, etc. Do not include expenses for marketing in this category.
28. **Management Fees** – Report all expenses for management services provided to the reporting entity. Do not include expenses for services provided by affiliates under management agreement (Line #30).
29. **Marketing** – Expenses directly related to marketing activities including advertising, printing, marketing representative compensation and fringe benefits, commissions, broker fees, travel, occupancy, and other expenses allocated to the marketing activity.
30. **Affiliate Administration Services** - Expenses associated with services provided by affiliates under management agreements.
31. **Aggregate Write-ins for Other Administration Expenses** – Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Item 31 for Other Administration Expenses.” This line is the total from Report #2, Line 3199. Show costs, which are not appropriately assignable to the other Administration Expenses, categories. According to Rule 1300.78, administrative costs are costs, which arise out of the operation of the plan as such, excluding direct and overhead costs incurred in the furnishing of health care services, which would be ordinarily incurred in the provision of such services whether or not through the plan. Refer to Section 1300.78 for items to include in this section.
32. **Total Administration** – Total of the above administration accounts (Lines 25 thru 31).
33. **Total Expenses** – Total of Medical, Hospital, and Administration Expenses (Line 24 and Line 32).
34. **Income (Loss)** – Excess or deficiency of total revenues over total expenses (Line 11 less Line 33).
35. **Extraordinary Item** – A nonrecurring gain or loss that meets the following criteria:
 - The event must be unusual; that is, it should be highly abnormal and unrelated to, or only incidentally related to, the ordinary activities of the entity;
 - The event must occur infrequently; that is, it should be of a type that would not reasonably be expected to recur in the foreseeable future.
 - The following gains and losses are specifically not extraordinary:
 - Write-down or write-off of accounts receivable, inventory, or intangible assets.
 - Gains or losses from changes in the value of foreign currency.

- Gains or losses on disposal of a segment of a business.
- Gains or losses from the disposal of fixed assets.
- Effects of a strike.
- Adjustments of accruals on long-term contracts.

Describe in detail the reasons for the extraordinary item in the Notes to Financial Statements.

36. **Provision for Taxes** – State and federal taxes for period.

37. **Net Income (Loss)** – Excess or deficiency of total revenues over total expenses adjusted for extraordinary items and federal and state taxes (Line 34 less Line 35 and 36).

NET WORTH

38. Net Worth Beginning of Year: Report #1, Part B, Line 26, Column 4.

39. Audit Adjustments – Adjustments between the 4th quarter and the annual filing.

40. Increase (Decrease) in Common Stock: Report #1, Part B, Line 20.

41. Increase (Decrease) in Preferred Stock: Report #1, Part B, Line 21.

42. Increase (Decrease) in Paid In Surplus: Report #1, Part B, Line 22.

43. Increase (Decrease) in Contributed Capital: Report #1, Part B, Line 23.

44. Increase (Decrease) in Retained Earnings: Report #1, Part B, Line 24.

45. Net Income (Loss): Report #2, Line 37.

46. Dividends to Stockholders: Report #2, Line 46.

47. Aggregate Write-ins for Changes in Retained Earnings: Enter total amount of the write-ins listed in “Details of Write-ins Aggregated at Item 47 for Changes in Retained Earnings.” This line is the total from Report #2, Line 4799.

48. Increase (Decrease) in Aggregate Write-ins for Other Net Worth Items: Report #1, Part B. Show items not covered in the Other Net Worth categories. This line is the total from Report #2, Line 4899.

49. Net Worth End of Period: Total of Net Worth Accounts (Lines 38 thru 43). This line should equal Report #1, Part B, Line 26, Column 4.

REPORT #3 - STATEMENT OF CASH FLOWS (Direct Method)

The reporting entity is required to file the Statement of Cash Flows. For the Year 2002 (1/1/02 to 12/31/02), the reporting entities will be allowed to choose the method used – direct method or indirect method. According to FAS-95, the direct method is encouraged. **Effective January 1, 2003, all plans will be required to file the Statement of Cash Flows using the direct method.**

PURPOSE:

This report provides information about the amount of net cash provided or used by the reporting entity during a period from operating activities, investing activities, and financing activities. This statement indicates the net effect of these cash flows on the reporting entity's cash and cash equivalents. A reconciliation of beginning and ending cash and cash equivalents is included in this statement.

STATEMENT OF CASH FLOWS - DIRECT METHOD

Lines:

1-10

12-17

19-25

30-38: Use information from Report #1 and Report #2 to complete these sections.

Line 18: **Net Cash Provided (Used) by Investing Activities:** Total of lines 12 thru 18.

Line 26: **Net Cash Provided (Used) by Financing Activities:** Total of lines 19 thru 25.

Line 27: **Net Increase (Decrease) in Cash:** Total of lines 11, 18, and 26.

Line 29: **Cash and Cash Equivalents at the End of Period:** Total of lines 27 and 28.

Line 32: **Decrease (Increase) in Receivables:** Include all receivables [Premiums, Shared Risk (for limited license plans only), Interest, and Other Health Care].

Line 34: **Decrease (Increase) in Affiliate Receivables:** Include Secured and Unsecured Receivables

Line 38: **Aggregate Write-Ins for Adjustments to Net Income:** This line is the total from Report #3, Line 3899.

Line 39: **Total Adjustments:** Total of lines 31 thru 38.

Line 40: **Net Cash Provided (Used) by Operating Activities:** Line 39 less Line 30.

STATEMENT OF CASH FLOWS – INDIRECT METHOD

Lines:

1: **Net Income (Loss):** From Report #3, Column 1, Line 33

2-33: Use information from Report #1 and Report #2 to complete these sections.

17: **Net Cash Provided (Used) by Operating Activities:** Total of lines 1 thru 16.

25: **Net Cash Provided (Used) by Investing Activities:** Total of lines 18 thru 24.

34: **Net Cash Provided (Used) by Financing Activities:** Total of lines 26 thru 33.

35: **Net Increase/Decrease in Cash and Cash Equivalents:** Total of lines 17, 25, and 34.

37: **Cash and Cash Equivalents at the End of the Year:** Total of lines 35 and 36.

REPORT #4: ENROLLMENT AND UTILIZATION TABLE

PURPOSE:

The report shows the number of enrollees enrolled by product type and utilization statistics for the reporting entity.

Column:

1. **Source of Enrollment – Type of enrollment:**

- Group – Number of enrollees that are covered by a commercial group contract.
- Medicare Risk - List a beneficiary as a Medicare beneficiary if payment for care is received under contract with the Health Care Financing Administration (HCFA). Do not list enrollees who have supplemental coverage (from the reporting entity) to their individual Medicare coverage.
- Medicaid Risk – List beneficiary as a Medicaid beneficiary if payment for care is received under contract with a Medicaid State Agency. Do not list individuals who have supplemental coverage (from the reporting entity) to their individual Medicaid coverage.
- Individual- Those enrollees where the individual subscriber contracts directly with the reporting entity.
- Point-of-Service – Enrollees that are enrolled in a contract with the reporting entity where the reporting entity assumes the financial risk for both in-network and out-of-network coverage or service.
- Other- Any other source of enrollment that is not listed above (i.e., report enrollees that are eligible for both Medicare and Medicaid and do not include them on lines 2 and 3).
- Total – Total of all sources of enrollment.

2. **Total Enrollees At End of Previous Period:** An enrollee is an individual who has been enrolled as a subscriber or an eligible dependent of a subscriber and for whom the reporting entity has accepted the responsibility for the provision of basic health services as may be contracted for. This column shows enrollees at the end of the previous reporting period (whether quarter or year).

3. **Additions During Period** – show number of enrollees added during the period.

4. **Termination During Period** – show number of enrollees that are disenrolled during the period.

5. **Total Enrollees at End of Period** – Column 2 added to Column 3 less Column 4.

6. **Cumulative Enrollee Months for Period:** For the purpose of this report, an enrollee month is equivalent to one enrollee for whom the reporting entity has recognized premium revenue for one month. Where the revenue is recognized for only part of a month (or other relevant time period) for a given individual, a pro-rated partial enrollee month may be counted. Accumulate enrollee months for the period.

7-9. **Ambulatory Encounters:** The accrued ambulatory encounters experienced by the total membership during the time period. “Ambulatory encounters” are further defined as follows:

Ambulatory Services: Health services provided to enrollees who are not confined to a health care institution. Ambulatory services are often referred to as “outpatient” services, distinct from “inpatient” services.

Encounter: a face-to-face contact between the reporting entity, an enrollee, and a provider of health care service who exercise independent judgment in the care and provision of health service(s) to the enrollee. The term “independent” is used synonymously with self-reliance, to distinguish between providers who assume major responsibility for the care of individual enrollees and all other personnel who assist in providing that care (Encounter excludes immunization).

All utilization for the reporting entity total membership is to be reported whether or not the reporting entity bears financial responsibility for the service, except for the enrollee’s discretionary use of services if the reporting entity does not arrange or finance these services. For example, Medicare days and C.O.B. (Coordination of Benefits) days should be reported, as the reporting entity may bear financial responsibility or arrange these services while cosmetic surgery paid for and arranged by the enrollee need not be reported. If the reporting entity is unable to provide enrollment or utilization information in the exact format requested, similar statistics could be supplied with differences noted in the notes to financial statements.

7. **Physician:** The number of enrollee ambulatory encounters for the period provided by physicians only.
8. **Non-Physician:** The total number of enrollee ambulatory encounters for the period provided by non-physician medical personnel.
9. **Total:** The total of columns 7 and 8.
10. **Total Patient Days Incurred:** The accrued number of hospital patient days that the reporting entity may ultimately be responsible for.

Patient Day: A patient day is a period of service rendered an inpatient with the day of discharge being counted only when the patient was admitted on the same day. Newborns whose inpatient stay is concurrent with the mother's stay should not be counted separately from the mother's patient days. Newborns whose inpatient stay is longer than the mother's should be counted as separate patient days for the period beginning with the discharge of the mother.

11. **Annualized Hospital Days/1000:** Multiply the total hospital days in the period by 12,000, then divide the result by the cumulative member months.

$$(\text{Column 10})/(\text{Column 6}) * 12,000 = \text{Days} / 1000$$

12. **Average Length of Stay:** Divide the total number of hospital days by the number of admissions.

$$(\text{Column 10})/\text{Admissions} = \text{Average Length of Stay}$$

INSTRUCTIONS FOR SUPPORTING SCHEDULES

- **Schedule A-1 Cash:** List all accounts reported for Report #1, Part A, Line 1.
- **Schedule A-2 Restricted Assets:** List all accounts reported on Report #1, Part A, Line 10 and 12.
- **Schedule B – Investments:** List short-term investments in Column 10 and long-term investments in Column 11. Provide detailed information on type of investment and valuation.
- **Schedule C Premiums Receivables (Other than Affiliates):** List accounts with balances greater than 5% of gross Premiums Receivable (Report #1, Part A, Line 3) and indicate amount reported for Allowance for Doubtful Accounts.
- **Schedule D – Health Care Receivables & Amounts due from Parent, Affiliates, & Subsidiaries:** List accounts for Health Care Receivables & Receivables due from Parent, Affiliates, & Subsidiaries with balances greater than 10% of gross receivables. These amounts should not be offset against corresponding liabilities. Include loans and advances to participating hospitals and providers and rebates from pharmaceutical companies.
- **Schedule E Property and Equipment:** Provide detail for property and equipment as reported on Report #1, Part A, Lines 20 through 25.
- **Schedule F – Accounts Payable:** List creditors with account balances greater than 5% of total trade accounts payable.
- **Schedule G (Section I) Unpaid Claims Analysis:** – Provide an analysis of unpaid claims by claim type.
- **Schedule G (Section II) Analysis of Claims Unpaid – Previous Year:** Provide detail on unpaid claims for the previous year. This section measures the adequacy of prior year claim reserves by comparing the actual amount paid and any outstanding reserves in the current year on prior year claims against the reserves previously established. FILE WITH ANNUAL RETURN ONLY.
- **Schedule G (Section III) Inventory of Claims to be Processed:** – Provide information regarding the number of claims waiting to be processed.

FOR SPECIALIZED HEALTH PLANS ONLY: If a specialized health plan pays less than 25% of their total health care costs on a fee-for-service basis, Schedule G (Section III) is not required to be filed.

- **Schedule H – Aging of All Claims:** Age all claims on hand at the end of each month. The date received should be used to age the claims. The total of claims on hand should tie to Schedule G (Section III), Column 7.

FOR SPECIALIZED HEALTH PLANS ONLY: If a specialized health plan pays less than 25% of their total health care costs on a fee-for-service basis, Schedule H is not required to be filed.

- **Schedule I – Analysis of Total Medical Liability to Actual Claims Paid:** The purpose of this schedule is to test the entity's lag schedules and verify the accruals for total claims liability. Provide information on a quarterly basis. The reporting entity may provide an actuarial certification in lieu of Schedule I.

Column 1 - **Quarter ending date:** Enter the month and year of the current quarter and previous quarters. For example, if the financial statements are for the quarter ending December 31, 2002, the current quarter would be December 31, 2002; the previous quarter would be September 30, 2002; the previous two quarters would be June 30, 2002; the previous three quarters would be March 31, 2002; the previous four quarters would be December 31, 2001; etc.

Column 2 – **Total Medical Liability:** Enter total medical liability reported in Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

Column 3 – **Amount Paid-To-Date:** Per the quarter ended reporting, enter the total amount paid-to-date.

Column 4 – **Difference:** Column 2 minus Column 3.

Column 5 – **Tail of the Lag Table:** Enter the total amount of the tail of the lag schedule.

FOR SPECIALIZED HEALTH PLANS ONLY: If a specialized health plan pays less than 25% of their total health care costs on a fee-for-service basis, Schedule I is not required to be filed.

- **Schedule J - Loans and Notes Payable (Including Affiliates):** List all amounts of loans and notes payable, including those to affiliates, with balances greater than 10% of gross payables.
- **Schedule K – Summary of HMO Transactions with any Affiliates:** This schedule should be prepared on an accrual basis notwithstanding the column headings. If the HMOs and Parent, Subsidiaries or Affiliates is both a payor and a recipient of amounts in any category, the net of these amounts should be reported on one line. Amounts of transactions that result in an increase in surplus should be shown as positive figures; and, transactions that result in a decrease in surplus should be reported enclosed in parentheses.

Column

1. **Federal ID Number:** Provide the Federal ID number.

2. **Names of HMOs and Parent, Subsidiaries or Affiliates:** Enter name. Each company will be represented by a single line, which will contain the net amount of all transactions.

1. **Shareholder Dividends:** Include total amount of shareholder dividends.

4. **Capital Contributions:** Provide total amount of capital contributions. Include: Surplus notes.

5. **Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments:**

Include :Total amount of purchases, sales or exchanges of loans, securities, real estate, mortgage loans or other investments.

6. **Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliates**

Exclude: contingent liabilities. Contingent liabilities should be disclosed in the Notes to Financial Statements.

7. **Management Agreements and Service Contracts**

Include: All revenues/expenditures under management agreements, service contracts, etc., except for amounts under GAAP cost sharing arrangements.

All income tax amounts resulting from intercompany tax-sharing arrangements.

Contracts for services provided by the insurer or purchased by the insurer from other affiliates.

All compensation under agreements with affiliated brokers and reinsurance intermediaries.

Exclude: Any amounts reportable in Column 8.

8. **Income/(Disbursements) Incurred Under Reinsurance Agreements**

Include: Experience rating refunds.

Insurers who participate in a pooling agreement with affiliated insurers should be indicated with a “P” in this column. Exclude pooling agreement amounts. List the pooling percentage and the name of each insurer in each pool in an explanatory note.

9. **Any Other Material Activity not in the Ordinary Course of the Insurer’s HMO Business**

Include: Inter-company loans, to the extent that these loans are not repaid at the end of the year.

Exclude: Those transactions that of a routine nature (i.e., the purchase of insurance coverage and cost allocation transactions that are based upon generally accepted principles of accounting).

10. **Total:** Enter the total amount reported in amounts reported in columns 3 to 9

- **Schedule L – Analysis of Operations by Lines of Business** – This report will provide detailed information regarding Enrollment, Revenues and Expenses, and Total Medical Liabilities by Line of Business. Please refer to the instructions for the Balance Sheet, Report #1, Part B (Liabilities and Net Worth) and the Statement of Revenues and Expenses for instructions and line item descriptions for this Report.

Column 1 – **Total** - The amounts reported in this column must agree with amounts reported in Report #2, Column 1.

Column 2 – **Commercial** – Business that provides for medical coverage including hospital, surgical, and major medical.
Include: Business that provides for medical coverage including hospital, surgical, major medical.

Exclude: Medicare (Title XVIII), Medicaid (Title XIX), Point-of-Service (POS), Dental Only, Vision Only, Administrative services only (ASO), administrative services contracts (ASC), or other non-underwritten business.

Column 3 – **Title XVIII (Medicare)** – Contracts with Health Care Financing Administration (HCFA) to provide services that are paid a pre-determined monthly amount per member based on a total estimated budget.
Include: Business where the managed care organization charges a premium and agrees to cover the full medical costs of Medicare subscribers.

Exclude: Commercial business, Medicaid (Title XIX), Point-of-Service (POS), Dental Only, Vision Only, Administrative services only (ASO), administrative services contracts (ASC), or other non-underwritten business.

Column 4 – **Title XIX (Medicaid)** – Those members enrolled under a prepaid contract between the reporting entity and the appropriate state agency administering medical assistance under a state plan approved under Title XIX of the Social Security Act where that agency agrees to pay part or all of the member.

Include: Business where managed care organization charges a premium and agrees to cover the full medical costs of Medicaid subscribers.

Exclude: Commercial business, Medicare (Title XVIII), Point-of-Service (POS), Dental Only, Vision Only, Administrative services only (ASO), administrative services contracts (ASC), or other non-underwritten business.

Column 5 – **POS In-Network** – A type of health plan allowing the covered member to choose to receive a service from participating or non-participating provider, with different benefit levels associated with the use of participating providers.
Include: Business that provides for medical coverage including hospital, surgical, major medical.

Exclude: Commercial business, Medicare (Title XVIII), Medicaid (Title XIX), POS Out-of-Network, Dental Only, Vision Only, Administrative services only (ASO), administrative services contracts (ASC), or other non-underwritten business.

Column 6 – **POS** – A type of health plan allowing the covered member to choose to receive a service from a participating or non-participating provider, with different benefit levels associated with the use of participating providers.
Include: Business that provides for medical coverage including hospital, surgical, and major medical.

Exclude: Commercial business, Medicare (Title XVIII), Medicaid (Title XIX), Point-of-Service In-Network, Dental Only, Vision Only, Administrative services only (ASO), administrative services contracts (ASC), or other non-underwritten business.

Column 7 – **Dental Only** – An entity providing Dental coverage in addition to health coverage.

Include: Policies providing for dental only coverage issued as stand alone dental or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits.

Exclude: Commercial business, Medicare (Title XVIII), Medicaid (Title XIX), Point-of-Service (POS), Vision Only, Administrative services only (ASO), administrative services contracts (ASC), or other non-underwritten business.

Column 8 – **Vision** – An entity providing Vision coverage in addition to health coverage provided by the health care company.

Include: Policies providing for vision only coverage issued as stand alone vision or as a rider to a medical policy that is not related to the medical policy through deductibles or out-of-pocket limits.

Exclude: Commercial business, Medicare (Title XVIII), Medicaid (Title XIX), Point-of-Service (POS), Dental Only, Administrative services only (ASO), administrative services contracts (ASC), or other non-underwritten business.

Column 9 – Administrative Services Contract (ASC)

Include: Business where the reporting entity provides services to a third party self insured group and where the reporting entity advances its own funds in payment of claims and issues its own membership card or other identifying document and use of their provider networks to the members of the group.

Column 10 – Other

Include: A company that is engaged in one or more insurance businesses, other than health business, e.g., workers' compensation or that maintains a corporate account that cannot be reported in Columns 2 through 9 of the Analysis of Operations by Lines of Business shall add the amounts for each additional line of business or corporate account and shall enter the total in Column 10 (Other) Similar action should be taken where applicable in supporting exhibits.

LIST OF FORMS REQUIRED TO BE FILED

	Annual Reporting Form		Quarterly Reporting Form		Quarterly Reporting Form*		Monthly Reporting Form
Jurat Page	X		X		X		X
Supplemental Information	X		X		X		X
Report #1, Part A: Assets	X		X		X		X
Report #1, Part B: Liabilities	X		X		X		X
Report #2: Revenue, Expenses, and Net Worth	X		X		X		X
Report #3: Statement of Cash Flows	X		X		X		X
Report #4: Enrollment and Utilization Table	X		X		X		X
Schedule A-1: Cash	X				X		
Schedule A-2: Restricted Assets	X				X		
Schedule B: Investments	X						
Schedule C: Premiums Receivable (Other than Affiliates)	X				X		
Schedule D: Health Care Receivables & Amounts Due from Parent, Subsidiaries, and Affiliates	X		X		X		
Schedule E: Property & Equipment – Net	X						
Schedule F: Accounts Payable	X				X		
Schedule G: Section I – Unpaid Claims	X		X		X		
Section II – Analysis of Claims Paid (Previous Year)	X						
Section III – Inventory of Claims to be Processed	X		X		X		
Schedule H: Aging of all Claims	X		X		X		
Schedule I: Analysis of Total Medical Liability to Actual Claims Paid	X^		X^		X^		
Schedule J: Loans and Notes Payable (Including Affiliates)	X						
Schedule K: Summary of HMO's Transactions with Affiliates	X						
Schedule L: Analysis of Operations by Lines of Business	X						
Notes to Financial Statements	X		X		X		
Overflow Page for Write-Ins	X		X		X		
TNE Calculation	X		X		X		X
General Interrogatories	X						

* The Plan will be required to file the forms if the Plan is TNE deficient or is notified by the Department to file the forms.

^ The Plan may submit an actuarial certification in lieu of Schedule I.

NOTE: If a specialized health plan pays less than 25% of their total health care costs on a fee-for-service basis, Schedules G (Section III), H, and I are not required to be filed.

REPORT #3: STATEMENT OF CASH FLOWS
Final Monthly Revised Reporting Form (13 Spreadsheets)

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY REPORTING FORM

1. FOR THE MONTH ENDING _____, _____

OF THE CONDITIONS AND AFFAIRS OF

2. _____
(Name)

3. File Number: 933-____

A Health Care Service Plan organized under the laws of the STATE OF CALIFORNIA made to the DEPARTMENT OF MANAGED HEALTH CARE pursuant to the laws thereof.

4. Date Incorporated or Organized: _____ 5. Date Licensed as a HCSP: _____

6. Date Federally Qualified as an HCSP: _____ 7. Date Commenced Operations: _____

8. Mailing Address: _____

9. Address of Main Administrative Office: _____

10. Telephone Number: _____ 11. Employer's ID Number: _____

12. Principal Location of Books and Records: _____

13. Plan Contact Person and Phone Number: _____

14. Financial Reporting Contact Person and Phone Number: _____

OFFICERS*

15. President: _____ 16. Other Officers: _____

17. Secretary: _____ 18. _____

19. Chief Financial Officer: _____ 20. _____

DIRECTORS*

21. _____ 22. _____

23. _____ 24. _____

25. _____ 26. _____

27. _____ 28. _____

29. _____ 30. _____

31. STATE OF: _____

32. COUNTY OF: _____

33. _____, President, _____, Secretary,

34. _____, Chief Financial Officer (or corresponding person having charge of the financial records

35. of the HCSP) of _____, being duly sworn, each for himself, deposes and says that they are the above described officers of said Health Care Service Plan, and that, for the reporting person stated above, all of the herein assets were the absolute property of the said HCSP, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said HCSP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

36. Subscribed And Sworn To Before Me This _____ Day 37. _____ President

38. of _____, _____ 39. _____ Secretary

40. _____ 41. _____Chief Financial Officer

NOTARY PUBLIC
(Seal)

Revised 2001
* Show full name (initials not acceptable) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY REPORTING FORM

1. FOR THE MONTH ENDING _____, _____

OF THE CONDITIONS AND AFFAIRS OF
2. _____
(Name)
3. File Number: 933-____
4. Are the attached financial statements being filed on a consolidated or combining basis? ___ Yes ___ No
5. If Yes, are the consolidated or combining financial statements being attached? ___ Yes ___ No

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	
2. Short-Term Investments	
3. Premiums Receivable - Net	
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	
11. TOTAL CURRENT ASSETS (Itemms 1 to 10)	
OTHER ASSETS:	
12. Restricted Assets	
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	
18. TOTAL OTHER ASSETS (Items 12 to 18)	
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	
21. Computer Equipment - Net	
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	
27. TOTAL ASSETS	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001.	
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701.	
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
	Current Period		
	Contracting	Non-Contracting	Total
CURRENT LIABILITIES:			
1. Trade Accounts Payable		XXX	
2. Capitation Payable		XXX	
3. Claims Payable (Reported)			
4. Incurred But Not Reported Claims			
5. POS Claims Payable (Reported)			
6. POS Incurred But Not Reported Claims			
7. Other Medical Liability			
8. Unearned Premiums		XXX	
9. Loans and Notes Payable		XXX	
10. Amounts Due To Affiliates - Current		XXX	
11. Aggregate Write-Ins for Current Liabilities		XXX	
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)			
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	
14. Loans and Notes Payable (Subordinated)		XXX	
15. Accrued Subordinated Interest Payable		XXX	
16. Amounts Due To Affiliates - Long Term		XXX	
17. Aggregate Write-Ins for Other Liabilities		XXX	
18. TOTAL OTHER LIABILITIES (Items 13 to 18)		XXX	
19. TOTAL LIABILITIES			
NET WORTH			
20. Common Stock	XXX	XXX	
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	
27. TOTAL LIABILITIES AND NET WORTH			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101.			
1102.			
1103.			
1104.			
1198. Summary of remaining write-ins for Item 11 from overflow page			
1199. TOTALS (Items 1101 thru 1104 plus 1198)			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.			
1702.			
1703.			
1704.			
1798. Summary of remaining write-ins for Item 17 from overflow page			
1799. TOTALS (Items 1701 thru 1704 plus 1798)			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.			
2502.			
2503.			
2504.			
2598. Summary of remaining write-ins for Item 25 from overflow page			
2599. TOTALS (Items 2501 thru 2504 plus 2598)			

STATEMENT AS OF

(Period Ending)

OF

(Name)

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
MEMBER MONTHS:		
REVENUES:		
1. Premiums (Commercial)		
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest		
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues		
11. TOTAL REVENUE (Items 1 to 10)		
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated		
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense		
22. Other Medical Expenses		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses		
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)		
Administration		
25. Compensation		
26. Interest Expense		
27. Occupancy, Depreciation and Amortization		
28. Management Fees		
29. Marketing		
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration		
32. TOTAL ADMINISTRATION (Items 25 to 31)		
33. TOTAL EXPENSES		
34. INCOME (LOSS)		
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)		
NET WORTH:		
38. Net Worth Beginning of Period		
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)		
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings		
48. Aggregate Write-Ins for Changes in Other Net Worth Items		
49. NET WORTH END OF PERIOD (Items 38 to 48)		

STATEMENT AS OF

(Period Ending)

OF

(Name)

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001.		
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301.		
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101.		
3102.		
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)		

REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation		
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues		
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses		
8. Administration Expenses		
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES		
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES		
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities		
26. NET CASH PROVIDED BY FINANCING ACTIVITIES		
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)		
28. CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		
29. CASH AND CASH EQUIVALENTS AT END OF PERIOD		
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization		
32. Decrease (Increase) in Receivables		
33. Decrease (Increase) in Prepaid Expenses		
34. Decrease (Increase) in Affiliate Receivables		
35. Increase (Decrease) in Accounts Payable		
36. Increase (Decrease) in Claims Payable and Shared Risk Pool		
37. Increase (Decrease) in Unearned Premium		
38. Aggregate Write-Ins for Adjustments to Net Income		
39. TOTAL ADJUSTMENTS (Items 32 through 38)		
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801.		
3802.		
3803.		
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)		

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

	1	2
	Current Period	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES:		
1. Net Income (Loss)		
ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED)		
BY OPERATING ACTIVITIES:		
2. Depreciation and Amortization		
3. Unrealized Gains/Losses on Equity Securities		
4. Gain/Loss on Sale of Assets		
5. Deferred Income Taxes		
CHANGE IN OPERATING ASSETS AND LIABILITIES		
(Increase) Decrease in Operating Assets:		
6. Receivables		
7. Prepaid Expenses		
8. Affiliate Receivables		
9. Aggregate write-ins for (increase) decrease in operating assets		
Increase (Decrease) in Operating Liabilities:		
10. Trade Accounts Payable		
11. Capitation Payable		
12. Claims Payable and IBNR		
13. Other Medical Liability		
14. Unearned Premiums		
15. Affiliate Payables		
16. Aggregate write-ins for increase (decrease) in operating liabilities		
17. NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES		
CASH FLOW FROM INVESTING ACTIVITIES		
18. Proceeds from Restricted Cash and Other Assets		
19. Proceeds from Investments		
20. Proceeds for Sales of Property, Plant, and Equipment		
21. Payments for Restricted Cash and Other Assets		
22. Payments for Investments		
23. Payments for Property, Plant, and Equipment		
24. Aggregate write-ins for cash flow provided by investing activities		
25. NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES		
CASH FLOW FROM FINANCING ACTIVITIES		
26. Proceeds from Paid-in-Capital or Issuance of Stock		
27. Loan Proceeds from Non-Affiliates		
28. Loan Proceeds from Affiliates		
29. Principal Payments on Loans from Non-Affiliates		
30. Principal Payments on Loans from Affiliates		
31. Dividends Paid		
32. Principal Payments under lease obligations		
33. Aggregate write-ins for cash flow provided by financing activities		
34. NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES		
35. NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		
36. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		
37. CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS		
901.		
902.		
903.		
998. Summary of remaining write-ins for Item 9 from overflow page		
999. TOTALS (Items 901 thru 903 plus 998)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES		
1601.		
1602.		
1603.		
1698. Summary of remaining write-ins for Item 16 from overflow page		
1699. TOTALS (Items 1601 thru 1603 plus 1698)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
2401.		
2402.		
2403.		
2498. Summary of remaining write-ins for Item 24 from overflow page		
2499. TOTALS (Items 2401 thru 2403 plus 2498)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
3301.		
3302.		
3303.		
3398. Summary of remaining write-ins for Item 33 from overflow page		
3399. TOTALS (Items 3301 thru 3303 plus 3398)		

STATEMENT DATE AS OF

OF

11

(Period Ending)

(Name)

NOTES TO FINANCIAL STATEMENTS

OVERFLOW PAGE FOR WRITE-INS

WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION
Final Quarterly Revised Reporting Form (24 Spreadsheets)

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

QUARTERLY REPORTING FORM

1. FOR THE QUARTER ENDING _____,

OF THE CONDITIONS AND AFFAIRS OF

2. _____
(Name)

3. File Number: 933-____

A Health Care Service Plan organized under the laws of the **STATE OF CALIFORNIA** made to the **DEPARTMENT OF MANAGED HEALTH CARE** pursuant to the laws thereof.

4. Date Incorporated or Organized: _____
5. Date Licensed as a HCSP: _____
6. Date Federally Qualified as an HCSP: _____
7. Date Commenced Operations: _____
8. Mailing Address: _____
9. Address of Main Administrative Office: _____
10. Telephone Number: _____
11. Employer's ID Number: _____
12. Principal Location of Books and Records: _____
13. Plan Contact Person and Phone Number: _____
14. Financial Reporting Contact Person and Phone Number: _____

OFFICERS*

15. President: _____
16. Other Officers: _____
17. Secretary: _____
18. _____
19. Chief Financial Officer: _____
20. _____

DIRECTORS*

21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

31. STATE OF: _____
32. COUNTY OF: _____
33. _____, President, _____, Secretary,
34. _____, Chief Financial Officer (or corresponding person having charge of the financial records
35. of the HCSP) of _____, being duly sworn, each for himself, deposes and says that they are the above described officers of said Health Care Service Plan, and that, for the reporting person stated above, all of the herein assets were the absolute property of the said HCSP, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said HCSP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

36. Subscribed And Sworn To Before Me This _____ Day
37. _____ President
38. of _____,
39. _____ Secretary
40. _____
41. _____Chief Financial Officer

NOTARY PUBLIC
(Seal)

Revised 2001
* Show full name (initials not acceptable) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

QUARTERLY REPORTING FORM

1. FOR THE QUARTERLY ENDING _____,
OF THE CONDITIONS AND AFFAIRS OF

2. _____
(Name)

3. File Number: 933-____

SUPPLEMENTAL INFORMATION

4. Are the attached financial statements being filed on a consolidated or combining basis? ___ Yes ___ No
5. If Yes, are the consolidated or combining financial statements being attached? ___ Yes ___ No
6. Have the restricted assets changed from the previous quarterly filing? ___ Yes ___ No
If Yes, complete Schedule A-2 (Restricted Assets).
7. Are there any significant changes reported on Schedule G, Section III? ___ Yes ___ No
8. If Yes, describe: _____

REPORT #1 ---- PART A: ASSETS	
1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	
2. Short-Term Investments	
3. Premiums Receivable - Net	
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	
11. TOTAL CURRENT ASSETS (Items 1 to 10)	
OTHER ASSETS:	
12. Restricted Assets	
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	
18. TOTAL OTHER ASSETS (Items 12 to 17)	
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	
21. Computer Equipment - Net	
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	
27. TOTAL ASSETS	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001.	
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701.	
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable		XXX	
2. Capitation Payable		XXX	
3. Claims Payable (Reported)			
4. Incurred But Not Reported Claims			
5. POS Claims Payable (Reported)			
6. POS Incurred But Not Reported Claims			
7. Other Medical Liability			
8. Unearned Premiums		XXX	
9. Loans and Notes Payable		XXX	
10. Amounts Due To Affiliates - Current		XXX	
11. Aggregate Write-Ins for Current Liabilities		XXX	
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)			
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	
14. Loans and Notes Payable (Subordinated)		XXX	
15. Accrued Subordinated Interest Payable		XXX	
16. Amounts Due To Affiliates - Long Term		XXX	
17. Aggregate Write-Ins for Other Liabilities		XXX	
18. TOTAL OTHER LIABILITIES (Items 13 to 17)		XXX	
19. TOTAL LIABILITIES			
NET WORTH			
20. Common Stock	XXX	XXX	
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	
27. TOTAL LIABILITIES AND NET WORTH			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101.			
1102.			
1103.			
1104.			
1198. Summary of remaining write-ins for Item 11 from overflow page			
1199. TOTALS (Items 1101 thru 1104 plus 1198)			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.			
1702.			
1703.			
1704.			
1798. Summary of remaining write-ins for Item 17 from overflow page			
1799. TOTALS (Items 1701 thru 1704 plus 1798)			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.			
2502.			
2503.			
2504.			
2598. Summary of remaining write-ins for Item 25 from overflow page			
2599. TOTALS (Items 2501 thru 2504 plus 2598)			

STATEMENT AS OF

(Period Ending)

OF

(Name)

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
MEMBER MONTHS:		
REVENUES:		
1. Premiums (Commercial)		
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest		
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues		
11. TOTAL REVENUE (Items 1 to 10)		
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated		
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense		
22. Other Medical Expenses		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses		
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)		
Administration		
25. Compensation		
26. Interest Expense		
27. Occupancy, Depreciation and Amortization		
28. Management Fees		
29. Marketing		
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration		
32. TOTAL ADMINISTRATION (Items 25 to 31)		
33. TOTAL EXPENSES		
34. INCOME (LOSS)		
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)		
NET WORTH:		
38. Net Worth Beginning of Period		
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)		
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings		
48. Aggregate Write-Ins for Changes in Other Net Worth Items		
49. NET WORTH END OF PERIOD (Items 38 to 48)		

STATEMENT AS OF _____ OF _____

(Period Ending)(Name)

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001.		
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301.		
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101.		
3102.		
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
2799. TOTALS (Items 3101 thru 3106 plus 3198)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 47 thru 47 plus 4798)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)		

REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation		
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues		
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses		
8. Administration Expenses		
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES		
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES		
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities		
26. NET CASH PROVIDED BY FINANCING ACTIVITIES		
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)		
28. CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		
29. CASH AND CASH EQUIVALENTS AT END OF PERIOD		
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income		
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization		
32. Decrease (Increase) in Receivables		
33. Decrease (Increase) in Prepaid Expenses		
34. Decrease (Increase) in Affiliate Receivables		
35. Increase (Decrease) in Accounts Payable		
36. Increase (Decrease) in Claims Payable and Shared Risk Pool		
37. Increase (Decrease) in Unearned Premium		
38. Aggregate Write-Ins for Adjustments to Net Income		
39. TOTAL ADJUSTMENTS (Items 32 through 38)		
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801.		
3802.		
3803.		
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)		

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

	1	2
	Current Period	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES:		
1. Net Income (Loss)		
ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED)		
BY OPERATING ACTIVITIES:		
2. Depreciation and Amortization		
3. Unrealized Gains/Losses on Equity Securities		
4. Gain/Loss on Sale of Assets		
5. Deferred Income Taxes		
CHANGE IN OPERATING ASSETS AND LIABILITIES		
(Increase) Decrease in Operating Assets:		
6. Receivables		
7. Prepaid Expenses		
8. Affiliate Receivables		
9. Aggregate write-ins for (increase) decrease in operating assets		
Increase (Decrease) in Operating Liabilities:		
10. Trade Accounts Payable		
11. Capitation Payable		
12. Claims Payable and IBNR		
13. Other Medical Liability		
14. Unearned Premiums		
15. Affiliate Payables		
16. Aggregate write-ins for increase (decrease) in operating liabilities		
17. NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES		
CASH FLOW FROM INVESTING ACTIVITIES		
18. Proceeds from Restricted Cash and Other Assets		
19. Proceeds from Investments		
20. Proceeds for Sales of Property, Plant, and Equipment		
21. Payments for Restricted Cash and Other Assets		
22. Payments for Investments		
23. Payments for Property, Plant, and Equipment		
24. Aggregate write-ins for cash flow provided by investing activities		
25. NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES		
CASH FLOW FROM FINANCING ACTIVITIES		
26. Proceeds from Paid-in-Capital or Issuance of Stock		
27. Loan Proceeds from Non-Affiliates		
28. Loan Proceeds from Affiliates		
29. Principal Payments on Loans from Non-Affiliates		
30. Principal Payments on Loans from Affiliates		
31. Dividends Paid		
32. Principal Payments under lease obligations		
33. Aggregate write-ins for cash flow provided by financing activities		
34. NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES		
35. NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		
36. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR		
37. CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR		

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS		
901.		
902.		
903.		
998. Summary of remaining write-ins for Item 9 from overflow page		
999. TOTALS (Items 901 thru 903 plus 998)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES		
1601.		
1602.		
1603.		
1698. Summary of remaining write-ins for Item 16 from overflow page		
1699. TOTALS (Items 1601 thru 1603 plus 1698)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
2401.		
2402.		
2403.		
2498. Summary of remaining write-ins for Item 24 from overflow page		
2499. TOTALS (Items 2401 thru 2403 plus 2498)		
DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
3301.		
3302.		
3303.		
3398. Summary of remaining write-ins for Item 33 from overflow page		
3399. TOTALS (Items 3301 thru 3303 plus 3398)		

SCHEDULE A-1 (CASH)

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		\$
10. Cash on Hand (Petty Cash)		\$
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		\$

SCHEDULE A-2 RESTRICTED ASSETS

1	2	3
Name of Depository (List all accounts even if closed during period)	Account Number	Balance*
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19. Total Restricted Assets		\$

* Indicate the Balance Per the HMO's Records

STATEMENT AS OF _____ OF _____

(Period Ending)(Name)

SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable

1 Name of Debtor	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.Total - Individual Listed Receivables				

STATEMENT AS OF _____ OF _____

(Period Ending)(Name)

SCHEDULE D

HEALTH CARE RECEIVABLES &

AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES

Individually list all debtors with account balances greater than 10% of gross Receivables

1 Name of Debtor	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
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32.				
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36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.Total - Individual Listed Receivables				

STATEMENT OF _____ OF _____
(Period Ending) (Name)

SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed-Due." Report accounts payable from the initial date of billing or due date under contract.

1 Name of Debtor	2 31-60 Days	3 61-90 Days	4 91-120 Days	5 Over 120 Days	6 Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24. Total - Individual Listed Payables					

SCHEDULE G - UNPAID CLAIMS ANALYSIS

SECTION I - CLAIMS UNPAID

	1	2	3
Type of Claim	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			
2. Physician Claims			
3. Referral Claims			
4. Other Medical			
5. TOTAL			

SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year			7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year	6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	
6. Inpatient Claims						
7. Physician Claims						
8. Referral Claims						
9. Other Medical						
10. TOTAL						

SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED*

	1	2	3	4	5	6	7
	Fiscal Year Ending _____, 200_	Beginning Balance Number of Claims in inventory on the 1st of each month	Add - Claims Received during the month	Deduct - Claims paid during the month	Deduct - Claims denied during the month	Add/Deduct - Adjustments	Ending Balance Number of claims in inventory at the end of the month
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							

* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

STATEMENT OF _____ OF _____
(Period Ending) (Name)

SCHEDULE H - AGING OF ALL CLAIMS

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1 Fiscal Year Ending _____, 200__	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

STATEMENT OF _____ OF _____
(Period Ending) (Name)

SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Per Quarter Ending Reporting Amount Paid-To-Date	Difference - Column (2-3)	Tail of Lag Table
1. Current Quarter				
2. Previous Quarter				
3. Previous 2 Quarters				
4. Previous 3 Quarters				
5. Previous 4 Quarters				
6. Previous 5 Quarters				
7. Previous 6 Quarters				
8. Previous 7 Quarters				

* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

STATEMENT DATE AS OF

OF

18

(Period Ending)

(Name)

NOTES TO FINANCIAL STATEMENTS

STATEMENT DATE AS OF

OF

19

(Period Ending)

(Name)

OVERFLOW PAGE FOR WRITE-INS

POINT OF SERVICE "ADJUSTED" TANGIBLE NET EQUITY CALCULATION
Final Annual Revised Reporting Form (29 spreadsheets)

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

ANNUAL REPORTING FORM

1. FOR THE YEAR ENDING _____,
OF THE CONDITIONS AND AFFAIRS OF

2. _____
(Name)

3. File Number: 933-____

A Health Care Service Plan organized under the laws of the **STATE OF CALIFORNIA** made to the **DEPARTMENT OF MANAGED HEALTH CARE** pursuant to the laws thereof.

4. Date Incorporated or Organized: _____ 5. Date Licensed as a HCSP: _____

6. Date Federally Qualified as an HCSP: _____ 7. Date Commenced Operations: _____

8. Mailing Address: _____

9. Address of Main Administrative Office: _____

10. Telephone Number: _____ 11. Employer's ID Number: _____

12. Principal Location of Books and Records: _____

13. Plan Contact Person and Phone Number: _____

14. Financial Reporting Contact Person and Phone Number: _____

OFFICERS*

15. President: _____ 16. Other Officers: _____

17. Secretary: _____ 18. _____

19. Chief Financial Officer: _____ 20. _____

DIRECTORS*

21. _____ 22. _____

23. _____ 24. _____

25. _____ 26. _____

27. _____ 28. _____

29. _____ 30. _____

31. STATE OF: _____

32. COUNTY OF: _____

33. _____, President, _____, Secretary,

34. _____, Chief Financial Officer (or corresponding person having charge of the financial records

35. of the HCSP) of _____, being duly sworn, each for himself, deposes and says that they are the above described officers of said Health Care Service Plan, and that, for the reporting person stated above, all of the herein assets were the absolute property of the said HCSP, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said HCSP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

36. Subscribed And Sworn To Before Me This _____ Day 37. _____ President

38. of _____, _____ 39. _____ Secretary

40. _____ 41. _____ Chief Financial Officer

NOTARY PUBLIC
(Seal)

* Show full name (initials not acceptable) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

ANNUAL REPORTING FORM

1. FOR THE YEAR ENDING _____, _____

OF THE CONDITIONS AND AFFAIRS OF
2. _____
(Name)
3. File Number: 933-____

SUPPLEMENTAL INFORMATION

4. Are the attached financial statements being filed on a consolidated or combining basis? ___ Yes ___ No
5. If Yes, are the consolidated or combining financial statements being attached? ___ Yes ___ No
6. Are there any significant changes reported on Schedule G, Section III? ___ Yes ___ No
7. If Yes, describe: _____

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	
2. Short-Term Investments	
3. Premiums Receivable - Net	
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	
11. TOTAL CURRENT ASSETS (Items 1 to 10)	
OTHER ASSETS:	
12. Restricted Assets	
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	
18. TOTAL OTHER ASSETS (Items 12 to 17)	
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	
21. Computer Equipment - Net	
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	
27. TOTAL ASSETS	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001.	
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701.	
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	

STATEMENT AS OF

(Period Ending)

OF

(Name)

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
		XXX	
1. Trade Accounts Payable		XXX	
2. Capitation Payable			
3. Claims Payable (Reported)			
4. Incurred But Not Reported Claims			
5. POS Claims Payable (Reported)			
6. POS Incurred But Not Reported Claims			
7. Other Medical Liability			
8. Unearned Premiums		XXX	
9. Loans and Notes Payable		XXX	
10. Amounts Due To Affiliates - Current		XXX	
11. Aggregate Write-Ins for Current Liabilities		XXX	
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)			
OTHER LIABILITIES:			
		XXX	
		XXX	
13. Loans and Notes Payable (Not Subordinated)		XXX	
14. Loans and Notes Payable (Subordinated)		XXX	
15. Accrued Subordinated Interest Payable		XXX	
16. Amounts Due To Affiliates - Long Term		XXX	
17. Aggregate Write-Ins for Other Liabilities		XXX	
18. TOTAL OTHER LIABILITIES (Items 13 to 17)		XXX	
19. TOTAL LIABILITIES			
NET WORTH			
	XXX	XXX	
	XXX	XXX	
20. Common Stock	XXX	XXX	
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	
27. TOTAL LIABILITIES AND NET WORTH			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101.			
1102.			
1103.			
1104.			
1198. Summary of remaining write-ins for Item 11 from overflow page			
1199. TOTALS (Items 1101 thru 1104 plus 1198)			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.			
1702.			
1703.			
1704.			
1798. Summary of remaining write-ins for Item 17 from overflow page			
1799. TOTALS (Items 1701 thru 1704 plus 1798)			
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.			
2502.			
2503.			
2504.			
2598. Summary of remaining write-ins for Item 25 from overflow page			
2599. TOTALS (Items 2501 thru 2504 plus 2598)			

STATEMENT AS OF

(Period Ending)

OF

(Name)

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1
	Year-To-Date
MEMBER MONTHS:	
REVENUES:	
1. Premiums (Commercial)	
2. Capitation	
3. Co-payments, COB, Subrogation	
4. Title XVIII - Medicare	
5. Title XIX - Medicaid	
6. Fee-For-Service	
7. Point-Of-Service (POS)	
8. Interest	
9. Risk Pool Revenue	
10. Aggregate Write-Ins for Other Revenues	
11. TOTAL REVENUE (Items 1 to 10)	
EXPENSES:	
Medical and Hospital	
12. Inpatient Services - Capitated	
13. Inpatient Services - Per Diem	
14. Inpatient Services - Fee-For-Service/Case Rate	
15. Primary Professional Services - Capitated	
16. Primary Professional Services - Non-Capitated	
17. Other Medical Professional Services - Capitated	
18. Other Medical Professional Services - Non-Capitated	
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	
20. POS Out-Of-Network Expense	
21. Pharmacy Expense	
22. Other Medical Expenses	
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	
Administration	
25. Compensation	
26. Interest Expense	
27. Occupancy, Depreciation and Amortization	
28. Management Fees	
29. Marketing	
30. Affiliate Administration Services	
31. Aggregate Write-Ins for Other Administration	
32. TOTAL ADMINISTRATION (Items 25 to 31)	
33. TOTAL EXPENSES	
34. INCOME (LOSS)	
35. Extraordinary Item	
36. Provision for Taxes	
37. NET INCOME (LOSS)	
NET WORTH:	
38. Net Worth Beginning of Period	
39. Audit Adjustments	
40. Increase (Decrease) in Common Stock	
41. Increase (Decrease) in Preferred Stock	
42. Increase (Decrease) in Paid in Surplus	
43. Increase (Decrease) in Contributed Capital	
44. Increase (Decrease) in Retained Earnings:	
45. Net Income (Loss)	
46. Dividends to Stockholders	
47. Aggregate Write-Ins for Changes in Retained Earnings	
48. Aggregate Write-Ins for Changes in Other Net Worth Items	
49. NET WORTH END OF PERIOD (Items 38 to 48)	

STATEMENT AS OF

(Period Ending)

OF

(Name)

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES	Year-To-Date
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1006 plus 1098)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES	
2398. Summary of remaining write-ins for Item 23 from overflow page	
2399. TOTALS (Items 2301 thru 2306 plus 2398)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES	
3198. Summary of remaining write-ins for Item 31 from overflow page	
3199. TOTALS (Items 3101 thru 3106 plus 3198)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS	
4798. Summary of remaining write-ins for Item 47 from overflow page	
4799. TOTALS (Items 4701 thru 4706 plus 4798)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS	
4898. Summary of remaining write-ins for Item 48 from overflow page	
4899. TOTALS (Items 4801 thru 4806 plus 4898)	

REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)

1	2
	Year-To-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES	
1. Group/Individual Premiums/Capitation	
2. Fee-For-Service	
3. Title XVIII - Medicare Premiums	
4. Title XIX - Medicaid Premiums	
5. Investment and Other Revenues	
6. Co-Payments, COB and Subrogation	
7. Medical and Hospital Expenses	
8. Administration Expenses	
9. Federal Income Taxes Paid	
10. Interest Paid	
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	
CASH FLOW PROVIDED BY INVESTING ACTIVITIES	
12. Proceeds from Restricted Cash and Other Assets	
13. Proceeds from Investments	
14. Proceeds for Sales of Property, Plant and Equipment	
15. Payments for Restricted Cash and Other Assets	
16. Payments for Investments	
17. Payments for Property, Plant and Equipment	
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:	
19. Proceeds from Paid in Capital or Issuance of Stock	
20. Loan Proceeds from Non-Affiliates	
21. Loan Proceeds from Affiliates	
22. Principal Payments on Loans from Non-Affiliates	
23. Principal Payments on Loans from Affiliates	
24. Dividends Paid	
25. Aggregate Write-Ins for Cash Provided by Financing Activities	
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	
28. CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD	
29. CASH AND CASH EQUIVALENTS AT END OF PERIOD	
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:	
30. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
31. Depreciation and Amortization	
32. Decrease (Increase) in Receivables	
33. Decrease (Increase) in Prepaid Expenses	
34. Decrease (Increase) in Affiliate Receivables	
35. Increase (Decrease) in Accounts Payable	
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	
37. Increase (Decrease) in Unearned Premium	
38. Aggregate Write-Ins for Adjustments to Net Income	
39. TOTAL ADJUSTMENTS (Items 32 through 38)	
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES	
2501.	
2502.	
2503.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
TOTALS (Items 2501 thru 2503 plus 2598)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME	
3801.	
3802.	
3803.	
3898. Summary of remaining write-ins for Item 38 from overflow page	
3899. TOTALS (Items 3801 thru 3803 plus 3898)	

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

	1
	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES:	
1. Net Income (Loss)	
ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES:	
2. Depreciation and Amortization	
3. Unrealized Gains/Losses on Equity Securities	
4. Gain/Loss on Sale of Assets	
5. Deferred Income Taxes	
CHANGE IN OPERATING ASSETS AND LIABILITIES	
(Increase) Decrease in Operating Assets:	
6. Receivables	
7. Prepaid Expenses	
8. Affiliate Receivables	
9. Aggregate write-ins for (increase) decrease in operating assets	
Increase (Decrease) in Operating Liabilities:	
10. Trade Accounts Payable	
11. Capitation Payable	
12. Claims Payable and IBNR	
13. Other Medical Liability	
14. Unearned Premiums	
15. Affiliate Payables	
16. Aggregate write-ins for increase (decrease) in operating liabilities	
17. NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES	
CASH FLOW FROM INVESTING ACTIVITIES	
18. Proceeds from Restricted Cash and Other Assets	
19. Proceeds from Investments	
20. Proceeds for Sales of Property, Plant, and Equipment	
21. Payments for Restricted Cash and Other Assets	
22. Payments for Investments	
23. Payments for Property, Plant, and Equipment	
24. Aggregate write-ins for cash flow provided by investing activities	
25. NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES	
CASH FLOW FROM FINANCING ACTIVITIES	
26. Proceeds from Paid-in-Capital or Issuance of Stock	
27. Loan Proceeds from Non-Affiliates	
28. Loan Proceeds from Affiliates	
29. Principal Payments on Loans from Non-Affiliates	
30. Principal Payments on Loans from Affiliates	
31. Dividends Paid	
32. Principal Payments under lease obligations	
33. Aggregate write-ins for cash flow provided by financing activities	
34. NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES	
35. NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	
36. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR	
37. CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

1	2
	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS	
901.	
902.	
903.	
998. Summary of remaining write-ins for Item 9 from overflow page	
999. TOTALS (Items 901 thru 903 plus 998)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES	
1601.	
1602.	
1603.	
1698. Summary of remaining write-ins for Item 16 from overflow page	
1699. TOTALS (Items 1601 thru 1603 plus 1698)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES	
2401.	
2402.	
2403.	
2498. Summary of remaining write-ins for Item 24 from overflow page	
2499. TOTALS (Items 2401 thru 2403 plus 2498)	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES	
3301.	
3302.	
3303.	
3398. Summary of remaining write-ins for Item 33 from overflow page	
3399. TOTALS (Items 3301 thru 3303 plus 3398)	

SCHEDULE A-1 (CASH)

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		\$
10. Cash on Hand (Petty Cash)		\$
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		\$

SCHEDULE A-2 RESTRICTED ASSETS

1	2	3
Name of Depository (List all accounts even if closed during period)	Account Number	Balance*
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19. Total Restricted Assets		\$

* Indicate the Balance Per the HMO's Records

STATEMENT AS OF _____ OF _____

(Period Ending)(Name)

SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable

1 Name of Debtor	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.Total - Individual Listed Receivables				

STATEMENT AS OF _____ OF _____

(Period Ending)(Name)

SCHEDULE D

HEALTH CARE RECEIVABLES &

AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES

Individually list all debtors with account balances greater than 10% of gross Receivables

1 Name of Debtor	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
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22.				
23.				
24.				
25.				
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32.				
33.				
34.				
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36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.Total - Individual Listed Receivables				

STATEMENT AS OF

OF

(Period Ending)

(Name)

SCHEDULE E - PROPERTY & EQUIPMENT - NET

1	2	3	4	5	6
Description, Address, and Date Acquired	Cost	Improvements	Accumulated Depreciation	Book Value (Columns 2+3-4)	Total
Land					
1.					
2.					
3.					
4. TOTAL LAND					
Building & Improvements					
5.					
6.					
7.					
8. TOTAL BUILDING & IMPROVEMENTS					
Construction in Progress:					
9.					
10.					
11.					
12. TOTAL CONSTRUCTION IN PROGRESS					
13. Furniture & Equipment (Totals Only):					
14. Computer Equipment (Totals Only):					
15. Software Development Costs (Totals Only):					
Other:					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24. TOTAL OTHER					
25. GRAND TOTALS					

STATEMENT OF _____ OF _____
(Period Ending) (Name)

SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed-Due." Report accounts payable from the initial date of billing or due date under contract.

1 Name of Debtor	2 31-60 Days	3 61-90 Days	4 91-120 Days	5 Over 120 Days	6 Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24. Total - Individual Listed Payables					

SCHEDULE G - UNPAID CLAIMS ANALYSIS

SECTION I - CLAIMS UNPAID

	1	2	3
Type of Claim	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			
2. Physician Claims			
3. Referral Claims			
4. Other Medical			
5. TOTAL			

SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year			7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year	6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	
6. Inpatient Claims						
7. Physician Claims						
8. Referral Claims						
9. Other Medical						
10. TOTAL						

SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED*

	1	2	3	4	5	6	7
		Beginning Balance		Deduct -			Ending Balance
	Fiscal Year Ending	Number of Claims	Add - Claims	Claims paid	Deduct - Claims	Add/Deduct -	Number of claims
	_____, 200_	in inventory on the	Received during	during the	denied during the	Adjustments	in inventory at
		1st of each month	the month	month	month		the end of the
							month
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							

* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

STATEMENT OF _____ OF _____
(Period Ending) (Name)

SCHEDULE H - AGING OF ALL CLAIMS

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1 Fiscal Year Ending _____, 200__	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

STATEMENT OF _____ OF _____

(Period Ending) (Name)

SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Per Quarter Ending Reporting Amount Paid-To-Date	Difference - Column (2-3)	Tail of Lag Table
1. Current Quarter				
2. Previous Quarter				
3. Previous 2 Quarters				
4. Previous 3 Quarters				
5. Previous 4 Quarters				
6. Previous 5 Quarters				
7. Previous 6 Quarters				
8. Previous 7 Quarters				

* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

STATEMENT OF _____ OF _____

(Period Ending) (Name)

SCHEDULE J
LOANS AND NOTES PAYABLE (INCLUDING AFFILIATES)

List all amounts with balances greater than 10% of gross Payables

	1	2	3	4	5	6	7	8
	Name of Lender	Rate	Principal	Accrued Interest	Total	Current	Non-Current	Compliance with Covenants Y or N
1.	FINANCIAL INSTITUTIONS:							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.	TOTAL FINANCIAL INSTITUTIONS	XXX						
25.	OTHER LENDERS:							
26.								
27.								
28.								
29.								
30.								
31.								
32.								
33.								
34.								
35.								
36.								
37.								
38.								
39.								
40.								
41.								
42.								
43.								
44.								
45.								
46.								
47.								
48.								
49.								
50.								
51.								
52.	TOTAL OTHER LENDERS	XXX						

STATEMENT OF _____ OF _____
(Period Ending) (Name)

SCHEDULE K - SUMMARY OF HMO'S TRANSACTIONS WITH ANY AFFILIATES

Include the aggregate of transactions, for the reporting period, within each category involving the parent company (companies), all insurance companies in the Holding Company System, and all other companies in the system with which an insurance company or HMO member had a transaction. Exclude: transactions of a non-insurer with an insurance company or HMO that are of a routine nature (i.e., the purchase of insurance coverage) and cost allocation transactions that are based upon generally accepted accounting principles.

[illegible]

STATEMENT DATE AS OF

OF

23

(Period Ending)

(Name)

NOTES TO FINANCIAL STATEMENTS

OVERFLOW PAGE FOR WRITE-INS

GENERAL INTERROGATORIES
(26 pages)

GENERAL INTERROGATORIES

1.

Has any change been made since the last reporting date in the charter, articles of incorporation, by-laws, or contracts with physicians, hospitals or subscribers where submission is required by a state regulation? If “Yes,” attach current copies of the documents, if they have not been previously submitted.

YES [] NO []

2.

Is the HMO authorized to conduct business in other states? If “Yes,” list all the states in which the HMO is authorized to conduct business: _____

YES [] NO []

3a.

State as of what date the latest financial examination of the HMO was made or is being made.

3b.

State the date of the latest financial examination report that is available from either the state of domicile or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released.

3c.

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the company. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3d.

By what department or departments? _____

4.

Is the HMO directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership, or individual?

YES [] NO []

5.

List the following capital stock information for the HMO:

	No. of Shares Authorized	No. of Shares Outstanding	Par or Stated Value Per Share	Dividend Rate	Are Dividend Cumulative?
Common	_____	_____	_____	_____	_____
Preferred	_____	_____	_____	_____	_____

6.

Does the HMO have an established procedure for annual disclosure to its Board of Directors of any material interest or affiliation on the part of any of its officers, directors, or responsible employees, which is in, or is likely to, conflict with the official duties of such person?

YES [] NO []

7.

Did any officer, director, shareholder, or salaried employee of the HMO receive, directly or indirectly, any commission on the business transactions of the HMO? If “Yes,” give particulars: _____

YES [] NO []

8.

Was money loaned during the period covered by this report to any officer, director, or shareholder of the HMO? If “Yes,” give detailed explanation of each loan: _____

YES [] NO []

9.

Are officers and employees of the HMO covered by a fidelity bond? If “Yes,” give name of surety company and amount of coverage: _____

YES [] NO []

10.

Were all the stocks, bonds, and other securities owned as of the reporting period, over which the HMO has exclusive control, in the actual possession of the HMO on the said date? If “No,” give location: _____

YES [] NO []

11.

Is the purchase or sale of all investments of the HMO passed upon by either the Board of Directors or a subordinate committee thereof? If “No,” state who has the authority: _____

YES [] NO []

12.

Has any present or former officer, director, or any other person or firm any claim of any nature whatsoever against the HMO which is not included in the financial statements? If “Yes,” give details: _____

YES [] NO []

13.

Have damage claims for medical injury been initiated against the HMO during the reporting year? If “Yes,” provide the following information on any contingent liabilities that will be greater than 1% of required TNE. Include a complete report giving the number and amount of claims broken down into claims with and without formal legal process, and their disposition, if any.

YES [] NO []

14.

Has the HMO been subject to any administrative orders, cease and desist orders, revocation orders, fines or suspensions by any government entity during the reporting year? If “Yes,” give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement).

YES [] NO []

15.

Have any other legal actions been taken against the HMO during the reporting year? If “Yes,” attach additional sheets giving full particulars.

YES [] NO []

16.

Does the HMO have direct professional liability coverage (commonly known as “malpractice”)? If the HMO does not have this coverage, please explain. If “Yes,” provide the following information:

(a) Name of Carrier: _____

(b) Limits of Coverage: _____

(c) Expiration Date: _____

YES [] NO []

17.

Are the providers of the HMO contractually obligated to maintain professional liability coverage?

YES [] NO []
18.

Does the HMO have general liability insurance coverage? If the HMO does not have this coverage, please explain. If “Yes,” provide the following information:
(a) Name of Carrier: _____
(b) Limits of Coverage: _____
(c) Expiration Date: _____

YES [] NO []
19.

Does the HMO have reinsurance (stop-loss) coverage? If the HMO does not have this coverage, please explain. If “Yes,” provide the following information:
(a) Name of Carrier: _____
(b) Limits of Coverage: _____
(c) Expiration Date: _____

YES [] NO []
20.

Describe arrangements which the HMO may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other arrangements: _____

21.

Does the HMO set-up its claims liability for hospital and other medical services on an invoice date basis or a service date basis? (State basis, if both, explain) _____

YES [] NO []
22.

Have there been any changes in the information filed with the Department regarding the value of the collateral used to secure affiliate receivables that are being included to calculate Tangible Net Equity as permitted by Rule 1300.76(e). If “yes,” give details and indicate if the changes have been filed.

YES [] NO []
23.

Provide the following information for accounts that are ten percent (10%) or more of total HMO enrollment:
(a) Type of Account – In the table below, describe the account using one of the following terms:
1. Federal Employees
2. County and Municipal Employees
3. State Employees
4. Corporate Nonpublic-Service Sector
5. Corporate Nonpublic-Manufacturing
6. Union and Trust Fund (Account contract should be with a union trust fund; do not include accounts for contracts with above categories even if these are unionized)
7. Medicaid
8. Medicare
9. Other
(b) Percentage of Total Enrollment – Provide the percentage of total enrollment represented by this account.
(c) Renewal Date – Provide the renewal date (month/date/year) for this account’s contract.

(1) Type of Account	(2) Percentage of Enrollment	(3) Renewal Date
_____	_____	_____
_____	_____	_____

24.

Does the HMO have business subject to implicit or explicit premium rate guarantees? If “Yes,” provide the following information:

(a) What percentage of total revenues has rate guarantees between 15-36 months _____%
(b) What percentage of total revenues has rate guarantees over 36 months _____%

YES [] NO []
25.

Did the HMO advance funds to any providers? If so, individually list all debtors with account balances over one year old. Use the date of advancement to age the receivable:
Provider Name Amount Due
_____ \$ _____

26. Provide the following details on reinsurance recoveries and expenses.

1 Description of Treaty, Terms, and Name of Carrier	2 Total Reinsurance Recoveries Received in Current Year	3 Total Recoveries Receivable or Recoverable for Year 200_ Claims	4 Reins. Recoveries Receivable for the prior Annual Statement (same as Col 3 in last year’s schedule	5 Reins. Recoveries for Current Year Earnings (Col. 2+3+4)	6 Reinsurance Premiums
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

27.

Does the HMO contract with other companies for claims processing services? If “Yes”, provide the following information:

a. What state are the other companies domiciled in? _____

b. Is the financial status monitored? If “Yes,” please explain: _____

c. Is there a disaster recovery plan? If “Yes,” please explain: _____

2 Plan Model Financial Indicators Multiple Quarters Report
FIRB (12 spreadsheets)

**MEDICAL MANAGED CARE DIVISION
FIRB QUARTERLY SUMMARY REPORT
FOR THE QUARTER ENDED SEPTEMBER 30, 2004**

TWO PLAN MODEL HEALTH PLANS

FINANCIAL INDICATORS	Alameda Alliance	Blue Cross	Contra Costa	Health Net	Inland Empire	Kern	LA Care	Molina	San Francisco	San Joaquin	Santa clara	TWO PLAN AVE.
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004	9/30/2004	9/30/2004	9/30/2004	9/30/2004
Total Revenue	\$ 35,279,055	\$2,666,819,000	\$ 34,689,820	\$1,553,485,857	\$ 80,021,060	\$ 27,805,108	\$ 233,150,185	\$ 67,687,112	\$ 20,292,294	\$ 21,051,183	\$ 33,216,897	433,954,325
Total Expenses	\$ 36,233,706	\$2,398,116,000	\$ 34,634,199	\$1,487,833,347	\$ 77,246,557	\$ 26,557,435	\$ 228,250,973	\$ 63,384,543	\$ 19,161,322	\$ 20,298,715	\$ 33,046,189	\$ 402,251,181
Net Income (Loss)	\$ (954,651)	\$ 157,997,000	\$ 55,621	\$ 39,809,894	\$ 2,774,503	\$ 1,247,673	\$ 4,899,212	\$ 4,302,569	\$ 1,130,972	\$ 752,468	\$ 170,708	\$ 19,289,634
Incurred But Not Reported (IBNR)	\$ 10,594,317	\$1,149,725,000	\$ 4,965,604	\$ 410,718,747	\$ 10,435,198	\$ 7,086,598	\$ 121,983	\$ 14,498,712	\$ 3,860,807	\$ 8,446,044	\$ 1,076,451	\$ 147,411,769
Days of Unpaid Claims	48	49	20	31	15	47	0	27	27	48	18	48
TNE	\$ 23,694,562	\$1,345,677,000	\$ 9,802,954	\$ 349,545,166	\$ 33,919,953	\$ 66,585,500	\$ 97,670,089	\$ 29,872,644	\$ 19,003,387	\$ 39,523,720	\$ 23,292,156	\$ 185,326,103
TNE - Required Minimum	\$ 6,940,128	\$ 285,641,000	\$ 6,066,122	\$ 135,947,475	\$ 12,263,120	\$ 6,216,073	\$ 10,792,342	\$ 7,338,668	\$ 1,599,099	\$ 4,311,565	\$ 2,678,633	\$ 43,617,657
TNE - Excess (Deficiency)	\$ 16,754,434	\$1,060,036,000	\$ 3,736,832	\$ 213,597,691	\$ 21,656,833	\$ 60,369,427	\$ 86,877,747	\$ 22,533,976	\$ 17,404,288	\$ 35,212,155	\$ 20,613,523	\$ 141,708,446
Total Enrollment	94,505	4,609,205	63,144	2,157,305	277,345	89,894	771,342	247,663	47,738	76,023	98,587	\$ 775,705
Medi-Cal Enrollment	79,953	812,901	43,354	598,912	240,813	82,425	730,425	232,808	31,598	58,030	74,291	\$ 271,410
Medi-Cal Participation	84.60%	17.64%	68.66%	27.76%	86.83%	91.69%	94.70%	94.00%	66.19%	76.33%	75.36%	71.25%
PMPM - Revenue	\$ 124.43	\$ 192.86	\$ 183.13	\$ 240.03	\$ 96.18	\$ 103.10	\$ 100.76	\$ 91.10	\$ 141.69	\$ 92.30	\$ 112.31	\$ 134.35
PMPM - Medical Expenses	\$ 117.37	\$ 152.09	\$ 167.93	\$ 206.16	\$ 85.08	\$ 89.07	\$ 94.33	\$ 77.76	\$ 120.61	\$ 79.92	\$ 99.48	\$ 117.25
Working Capital Ratio	1.7:1	1.3:1	1.5:1	1.4:1	1.9:1	3.8:1	1.1:1	1.8:1	1.8:1	2.9:1	2.6:1	1.98:1
Medical Expense Ratio	94.32%	78.86%	91.70%	85.89%	88.47%	86.39%	93.62%	85.35%	85.12%	86.58%	88.58%	87.72%
Administrative Expense Ratio	8.39%	11.07%	8.14%	9.89%	8.06%	9.12%	4.27%	8.29%	9.31%	9.84%	10.91%	8.84%
Profit Margin Ratio	-2.71%	5.92%	0.16%	2.56%	3.47%	4.49%	2.10%	3.80%	5.57%	3.57%	0.51%	2.68%
Debt to Equity Ratio	0.9:1	2.6:1	2.7:1	1.6:1	0.7:1	0.3:1	0.9:1	0.9:1	1.2:1	0.5:1	0.6:1	1.44:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: July - June

Alameda Alliance

Plan Name: for Health

Contract Type: Local Initiative

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			6/30/2004	6/30/2003
Total Revenue	\$ 30,608,096	\$ 31,397,896	\$ 32,604,153	\$ 33,072,359	\$ 34,063,295	\$ 36,789,953	\$ 34,175,733	\$ 35,279,055		X	\$ 139,350,967	\$ 124,882,084
Total Expenses	\$ 33,585,615	\$ 34,209,686	\$ 36,506,616	\$ 35,843,869	\$ 33,252,843	\$ 40,002,079	\$ 42,553,204	\$ 36,233,706		X	\$ 152,134,861	\$ 135,622,115
Net Income (Loss)	\$ (2,977,519)	\$ (2,811,790)	\$ (3,902,463)	\$ (2,771,510)	\$ 810,452	\$ (3,212,126)	\$ (8,377,471)	\$ (954,651)	X		\$ (12,193,922)	\$ (8,309,022)
Incurred But Not Reported (IBNR)	\$ 9,289,749	\$ 7,086,705	\$ 9,930,705	\$ 11,655,679	\$ 6,033,212	\$ 8,771,762	\$ 10,507,118	\$ 10,594,317		X		
Days of Unpaid Claims	47	37	43	49	33	37	40	48		X		
TNE	\$ 43,557,385	\$ 40,745,595	\$ 36,843,132	\$ 34,071,622	\$ 34,882,074	\$ 31,669,948	\$ 23,292,477	\$ 23,694,562	X			
TNE - Required Minimum	\$ 6,524,200	\$ 6,610,901	\$ 6,847,299	\$ 6,896,665	\$ 6,147,938	\$ 8,174,488	\$ 8,298,850	\$ 6,940,128		X		
TNE - Excess (Deficiency)	\$ 37,033,185	\$ 34,134,694	\$ 29,995,833	\$ 27,174,957	\$ 28,734,136	\$ 23,495,460	\$ 14,993,627	\$ 16,754,434	X			
Total Enrollment	87,926	89,566	92,594	93,825	95,472	96,779	98,887	94,505		X		
Medi-Cal Enrollment	69,382	70,401	72,733	74,151	75,436	77,142	80,089	79,953		X		
PMPM - Revenue	\$ 116.04	\$ 116.85	\$ 117.37	\$ 117.50	\$ 118.93	\$ 126.71	\$ 115.20	\$ 124.43		X		
PMPM - Medical Expenses	\$ 117.99	\$ 117.52	\$ 117.58	\$ 118.11	\$ 107.32	\$ 127.82	\$ 127.84	\$ 117.37		X		
Working Capital Ratio	2.7:1	2.6:1	1.1:1	0.9:1	1.1:1	0.7:1	0.8:1	1.7:1		X	1.7:1	2.2:1
Medical Expense Ratio	101.68%	100.57%	100.18%	100.52%	90.24%	100.88%	110.97%	94.32%	X		99.77%	97.29%
Administrative Expense Ratio	8.05%	8.39%	11.79%	7.86%	7.38%	7.85%	13.54%	8.39%		X	8.86%	9.24%
Profit Margin Ratio	-9.73%	-8.96%	-11.97%	-8.38%	2.38%	-8.73%	-24.51%	-2.71%	X	X	-8.75%	-6.65%
Debt to Equity Ratio	0.5:1	0.5:1	0.6:1	0.8:1	0.5:1	0.6:1	0.9:1	0.9:1		X	0.8:1	0.6:1

Remarks:

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: January - December

Contract Type: Commercial Plan / Local Initiative

Blue Cross
Plan Name: of California

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			12/31/2003	12/31/2002
Total Revenue	\$ 2,371,712,000	\$ 2,491,566,000	\$ 2,545,336,000	\$ 2,554,617,000	\$ 2,475,965,000	\$ 2,614,797,000	\$ 2,684,110,000	\$ 2,666,819,000		X	\$ 10,066,884,000	\$ 9,113,416,000
Total Expenses	\$ 2,228,711,000	\$ 2,325,804,000	\$ 2,352,766,000	\$ 2,304,757,000	\$ 2,302,937,000	\$ 2,395,302,000	\$ 2,458,481,000	\$ 2,398,116,000		X	\$ 9,286,264,000	\$ 8,368,434,000
Net Income (Loss)	\$ 84,084,000	\$ 97,431,000	\$ 113,231,000	\$ 146,918,000	\$ 101,740,000	\$ 129,063,000	\$ 132,670,000	\$ 157,997,000		X	\$ 459,320,000	\$ 434,614,000
Incurred But Not Reported (IBNR)	\$ 1,199,324,000	\$ 1,234,249,000	\$ 1,243,328,000	\$ 1,220,272,000	\$ 1,219,823,000	\$ 1,161,762,000	\$ 1,219,861,000	\$ 1,149,725,000		X		
Days of Unpaid Claims	53	53	49	49	53	56	48	49		X		
TNE	\$ 1,000,452,000	\$ 1,082,175,000	\$ 970,148,000	\$ 1,120,324,000	\$ 1,262,546,000	\$ 1,074,378,000	\$ 1,185,337,000	\$ 1,345,677,000		X		
TNE - Required Minimum	\$ 245,450,000	\$ 274,798,000	\$ 280,533,000	\$ 277,245,000	\$ 276,151,000	\$ 281,506,000	\$ 296,663,000	\$ 285,641,000		X		
TNE - Excess (Deficiency)	\$ 755,002,000	\$ 807,377,000	\$ 689,615,000	\$ 843,079,000	\$ 986,395,000	\$ 792,872,000	\$ 888,674,000	\$ 1,060,036,000		X		
Total Enrollment (1), (4)	4,836,701	4,883,888	4,769,979	4,704,950	4,733,970	4,666,884	4,629,686	4,609,205		X		
Medi-Cal Enrollment (1), (4)	1,091,538	1,099,632	836,938	839,859	844,775	847,348	837,372	812,901		X		
PMPM - Revenue	\$ 163.45	\$ 170.05	\$ 177.87	\$ 180.99	\$ 174.34	\$ 186.76	\$ 193.25	\$ 192.86		X		
PMPM - Medical Expenses	\$ 583.47	\$ 137.17	\$ 144.22	\$ 140.59	\$ 140.12	\$ 147.23	\$ 154.68	\$ 152.09		X		
Working Capital Ratio	1.2:1	1.3:1	1.2:1	1.3:1	1.3:1	1.3:1	1.3:1	1.3:1		X	1.3:1	1.2:1
Medical Expense Ratio	80.56%	80.66%	81.08%	77.68%	80.37%	78.83%	80.04%	78.86%		X	79.94%	78.90%
Administrative Expense Ratio	13.40%	12.69%	11.36%	12.53%	12.66%	12.77%	11.56%	11.07%		X	12.30%	13.02%
Profit Margin Ratio	3.55%	3.91%	4.45%	5.75%	4.11%	4.94%	4.94%	5.92%		X	4.56%	4.77%
Debt to Equity Ratio	3.1:1	2.9:1	3.4:1	2.9:1	2.8:1	3.3:1	2.9:1	2.6:1		X	2.8:1	3.1:1

Remarks:

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: July - June

Plan Name: Contra Costa

Contract Type: Local Initiative

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			6/30/2003	6/30/2002
Total Revenue	\$ 30,437,995	\$ 29,796,980	\$ 33,156,232	\$ 31,752,089	\$ 34,820,864	\$ 34,829,844	\$ 35,756,582	\$ 34,689,820		X	\$ 121,879,326	\$ 112,725,107
Total Expenses	\$ 28,892,374	\$ 29,749,416	\$ 29,526,803	\$ 31,703,548	\$ 34,700,643	\$ 34,745,463	\$ 35,536,584	\$ 34,634,199		X	\$ 118,107,197	\$ 112,625,376
Net Income (Loss)	\$ 1,545,621	\$ 47,564	\$ 3,629,429	\$ 48,541	\$ 120,221	\$ 84,381	\$ 219,998	\$ 55,621		X	\$ 3,772,129	\$ 99,731
Incurred But Not Reported (IBNR)	\$ 5,716,006	\$ 6,342,291	\$ 6,718,582	\$ 5,426,534	\$ 4,461,167	\$ 3,991,235	\$ 5,821,796	\$ 4,965,604		X		
Days of Unpaid Claims	28	28	30	21	18	15	19	20		X		
TNE	\$ 6,931,891	\$ 8,644,667	\$ 9,245,698	\$ 9,294,266	\$ 9,442,926	\$ 9,527,306	\$ 9,747,310	\$ 9,802,954		X		
TNE - Required Minimum	\$ 6,417,140	\$ 6,598,019	\$ 6,530,922	\$ 5,629,352	\$ 7,356,279	\$ 5,184,918	\$ 5,471,297	\$ 6,066,122		X		
TNE - Excess (Deficiency)	\$ 514,751	\$ 2,046,648	\$ 2,714,776	\$ 3,664,914	\$ 2,086,647	\$ 4,342,388	\$ 4,276,013	\$ 3,736,832		X		
Total Enrollment	59,397	60,288	60,920	62,107	61,634	62,978	63,257	63,144		X		
Medi-Cal Enrollment	41,638	41,397	41,831	42,026	42,439	42,644	43,224	43,354		X		
PMPM - Revenue	\$ 170.82	\$ 164.75	\$ 181.42	\$ 170.42	\$ 188.32	\$ 184.35	\$ 188.42	\$ 183.13		X		
PMPM - Medical Expenses	\$ 147.19	\$ 149.25	\$ 148.22	\$ 156.00	\$ 173.31	\$ 169.17	\$ 175.43	\$ 167.93		X		
Working Capital Ratio	1.3:1	1.3:1	1.4:1	1.5:1	1.3:1	1.5:1	1.4:1	1.5:1		X	1.4:1	1.2:1
Medical Expense Ratio	86.17%	90.59%	81.70%	91.54%	92.03%	91.76%	93.11%	91.70%		X	88.90%	92.30%
Administrative Expense Ratio	8.75%	9.26%	7.35%	8.31%	7.62%	7.99%	7.99%	8.14%		X	8.00%	7.61%
Profit Margin Ratio	5.08%	0.16%	10.95%	0.15%	0.35%	0.24%	0.62%	0.16%		X	3.09%	0.09%
Debt to Equity Ratio	2.9:1	2.3:1	3.9:1	2.9:1	3.8:1	2.6:1	2.6:1	2.7:1		X	3.9:1	3.9:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: January - December

Plan Name: Health Net

Contract Type: Commercial Plan

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			12/31/2003	12/31/2002
Total Revenue	\$ 1,368,312,058	\$ 1,381,639,844	\$ 1,408,520,533	\$ 1,449,425,852	\$ 1,464,535,687	\$ 1,556,971,094	\$ 1,557,258,614	\$ 1,553,485,857		X	\$ 5,704,121,916	\$ 5,220,620,000
Total Expenses	\$ 1,280,562,680	\$ 1,303,689,648	\$ 1,347,123,924	\$ 1,365,266,201	\$ 1,343,529,887	\$ 1,546,316,643	\$ 1,508,437,117	\$ 1,487,833,347		X	\$ 5,360,284,660	\$ 4,990,679,000
Net Income (Loss)	\$ 51,639,459	\$ 46,096,268	\$ 36,746,073	\$ 50,281,122	\$ 72,238,697	\$ 10,654,451	\$ 29,379,300	\$ 39,809,894		X	\$ 204,958,681	\$ 135,721,000
Incurred But Not Reported (IBNR)	\$ 374,847,562	\$ 385,138,432	\$ 412,230,880	\$ 414,596,186	\$ 427,633,570	\$ 450,003,009	\$ 419,161,233	\$ 410,718,747		X		
Days of Unpaid Claims	36	38	37	34	37	36	35	31		X		
TNE	\$ 414,708,085	\$ 396,251,857	\$ 359,501,726	\$ 355,820,457	\$ 378,419,927	\$ 377,129,322	\$ 317,954,427	\$ 349,545,166		X		
TNE - Required Minimum	\$ 106,954,646	\$ 117,052,691	\$ 119,443,153	\$ 120,883,675	\$ 120,937,605	\$ 146,075,547	\$ 143,425,479	\$ 135,947,475		X		
TNE - Excess (Deficiency)	\$ 307,753,439	\$ 279,199,166	\$ 240,058,573	\$ 234,936,782	\$ 257,482,322	\$ 231,053,775	\$ 174,528,948	\$ 213,597,691		X		
Total Enrollment	2,392,664	2,237,537	2,253,977	2,249,384	2,237,734	2,261,264	2,199,584	2,157,305		X		
Medi-Cal Enrollment	626,126	622,183	625,277	607,752	598,313	589,769	562,981	598,912		X		
PMPM - Revenue	\$ 190.63	\$ 205.83	\$ 208.30	\$ 214.79	\$ 218.16	\$ 229.51	\$ 235.99	\$ 240.03		X		
PMPM - Medical Expenses	\$ 159.44	\$ 174.25	\$ 177.93	\$ 180.62	\$ 178.85	\$ 203.77	\$ 204.91	\$ 206.16		X		
Working Capital Ratio	1.3:1	1.3:1	1.2:1	1.3:1	1.2:1	1.2:1	1.2:1	1.4:1		X	1.2:1	1.3:1
Medical Expense Ratio	83.64%	84.66%	85.42%	84.09%	81.98%	88.78%	86.83%	85.89%		X	84.02%	85.64%
Administrative Expense Ratio	9.93%	9.70%	10.22%	10.10%	9.75%	10.07%	10.03%	9.89%		X	9.95%	9.51%
Profit Margin Ratio	3.77%	3.34%	2.61%	3.47%	4.93%	0.68%	1.89%	2.56%		X	3.59%	2.60%
Debt to Equity Ratio	1.6:1	1.6:1	1.7:1	1.6:1	1.8:1	1.7:1	1.8:1	1.6:1		X	1.8:1	1.6:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: July - June

Plan Name: Inland Empire Health Plan

Contract Type: Local Initiative

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			6/30/2004	6/30/2003
Total Revenue	\$ 73,382,040	\$ 73,464,211	\$ 76,187,828	\$ 77,808,870	\$ 77,961,281	\$ 78,455,490	\$ 80,457,550	\$ 80,021,060		X	\$ 313,829,593	\$ 294,856,925
Total Expenses	\$ 72,852,846	\$ 72,515,235	\$ 75,243,167	\$ 77,066,514	\$ 77,879,935	\$ 79,095,442	\$ 79,929,600	\$ 77,246,557		X	\$ 314,309,594	\$ 289,494,099
Net Income (Loss)	\$ 529,194	\$ 948,976	\$ 944,661	\$ 742,356	\$ 81,346	\$ (639,952)	\$ 527,950	\$ 2,774,503		X	\$ 348,180	\$ 5,362,826
Incurred But Not Reported (IBNR)	\$ 11,313,910	\$ 10,804,158	\$ 9,876,159	\$ 10,011,308	\$ 11,313,068	\$ 8,709,784	\$ 8,792,906	\$ 10,435,198		X		
Days of Unpaid Claims	19	18	15	15	16	14	13	15		X		
TNE	\$ 28,903,633	\$ 29,852,609	\$ 30,797,270	\$ 31,539,626	\$ 31,620,972	\$ 30,981,020	\$ 31,508,970	\$ 33,919,953		X		
TNE - Required Minimum	\$ 11,095,679	\$ 11,245,390	\$ 14,104,401	\$ 10,671,436	\$ 12,147,214	\$ 12,512,824	\$ 13,150,319	\$ 12,263,120		X		
TNE - Excess (Deficiency)	\$ 17,807,954	\$ 18,607,219	\$ 16,692,869	\$ 20,868,190	\$ 19,473,758	\$ 18,468,196	\$ 18,358,651	\$ 21,656,833		X		
Total Enrollment	253,212	258,238	265,148	271,211	275,822	277,731	277,742	277,345		X		
Medi-Cal Enrollment	224,380	226,808	231,634	235,022	237,537	238,859	239,058	240,813		X		
PMPM - Revenue	\$ 96.60	\$ 94.83	\$ 95.78	\$ 95.63	\$ 94.22	\$ 94.16	\$ 96.56	\$ 96.18		X		
PMPM - Medical Expenses	\$ 87.63	\$ 84.99	\$ 88.79	\$ 85.41	\$ 86.69	\$ 87.53	\$ 88.99	\$ 85.08		X		
Working Capital Ratio	1.5:1	1.6:1	1.7:1	1.6:1	1.7:1	1.6:1	1.7:1	1.9:1		X	1.6:1	1.7:1
Medical Expense Ratio	90.71%	89.63%	92.70%	89.31%	92.01%	92.95%	92.16%	88.47%		X	96.96%	90.13%
Administrative Expense Ratio	8.57%	9.08%	6.06%	9.74%	7.89%	7.86%	7.18%	8.06%		X	3.19%	8.06%
Profit Margin Ratio	0.72%	1.29%	1.24%	0.95%	0.10%	-0.82%	0.66%	3.47%		X	0.11%	1.82%
Debt to Equity Ratio	1.1:1	1.0:1	0.8:1	0.9:1	0.8:1	0.9:1	0.8:1	0.7:1		X	0.8:1	0.8:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: January - December

Plan Name: Kern

Contract Type: Local Initiative

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			12/31/2003	12/31/2002
Total Revenue	\$ 22,511,963	\$ 22,820,253	\$ 22,658,105	\$ 23,533,214	\$ 23,456,226	\$ 23,962,573	\$ 24,074,016	\$ 27,805,108		X	\$ 90,363,609	\$ 86,736,800
Total Expenses	\$ 19,925,584	\$ 20,314,200	\$ 20,353,011	\$ 21,545,544	\$ 23,209,619	\$ 22,380,062	\$ 22,535,230	\$ 26,557,435		X	\$ 90,034,504	\$ 74,897,978
Net Income (Loss)	\$ 2,472,991	\$ 2,051,024	\$ 1,784,309	\$ 1,675,815	\$ (182,044)	\$ 1,582,511	\$ 1,538,786	\$ 1,247,673		X	\$ 329,105	\$ 11,838,822
Incurred But Not Reported (IBNR)	\$ 8,127,119	\$ 8,203,841	\$ 7,425,215	\$ 6,206,848	\$ 6,689,640	\$ 5,232,648	\$ 6,056,800	\$ 7,086,598		X		
Days of Unpaid Claims	67	58	52	41	43	38	50	47		X		
TNE	\$ 60,412,896	\$ 63,673,905	\$ 65,458,214	\$ 67,134,029	\$ 66,951,985	\$ 63,534,496	\$ 65,337,827	\$ 66,585,500		X		
TNE - Required Minimum	\$ 4,654,369	\$ 5,027,427	\$ 4,899,349	\$ 5,096,267	\$ 5,254,528	\$ 5,557,066	\$ 5,885,062	\$ 6,216,073		X		
TNE - Excess (Deficiency)	\$ 55,758,527	\$ 58,646,478	\$ 60,558,865	\$ 62,037,762	\$ 61,697,457	\$ 57,977,430	\$ 59,452,765	\$ 60,369,427		X		
Total Enrollment	74,712	75,335	76,822	79,374	79,791	81,180	84,439	89,894		X		
Medi-Cal Enrollment	67,950	68,267	69,432	71,945	72,103	73,440	77,204	82,425		X		
PMPM - Revenue	\$ 100.44	\$ 100.97	\$ 98.31	\$ 98.83	\$ 97.99	\$ 98.39	\$ 95.04	\$ 103.10		X		
PMPM - Medical Expenses	\$ 81.32	\$ 83.26	\$ 82.33	\$ 83.64	\$ 89.88	\$ 84.12	\$ 80.28	\$ 89.07		X		
Working Capital Ratio	3.7:1	3.8:1	4.9:1	4.4:1	4.0:1	3.7:1	4.4:1	3.8:1		X	3.1:1	3.9:1
Medical Expense Ratio	80.96%	82.46%	83.74%	84.63%	91.72%	85.49%	84.47%	86.39%		X	89.94%	75.80%
Administrative Expense Ratio	7.55%	6.56%	6.08%	6.93%	7.23%	6.80%	9.13%	9.12%		X	10.93%	10.36%
Profit Margin Ratio	10.99%	8.99%	7.87%	7.12%	-0.78%	6.60%	6.39%	4.49%		X	0.36%	13.65%
Debt to Equity Ratio	0.3:1	0.3:1	0.2:1	0.3:1	0.3:1	0.3:1	0.3:1	0.3:1		X	0.4:1	0.3:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: October - September

Plan Name: LA Care

Contract Type: Local Initiative

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			9/30/2003	9/30/2002
Total Revenue	\$ 245,924,267	\$ 244,926,002	\$ 247,715,226	\$ 251,641,047	\$ 236,708,326	\$ 235,562,506	\$ 223,702,142	\$ 233,150,185	X		\$ 984,077,000	\$ 934,462,176
Total Expenses	\$ 240,501,874	\$ 240,618,110	\$ 241,908,761	\$ 242,617,567	\$ 231,462,843	\$ 232,109,501	\$ 225,514,590	\$ 228,250,973	X		\$ 960,115,000	\$ 912,162,837
Net Income (Loss)	\$ 5,422,393	\$ 4,307,892	\$ 5,806,465	\$ 9,023,480	\$ 5,245,483	\$ 3,453,005	\$ (1,812,448)	\$ 4,899,212		X	\$ 23,962,000	\$ 22,299,339
Incurred But Not Reported (IBNR)	\$ 365,812	\$ 128,657	\$ 306,853	\$ 145,388	\$ 288,747	\$ 63,389	\$ 117,720	\$ 121,983		X		
Days of Unpaid Claims	0	0	0	0	0	0	0	0		X		
TNE	\$ 67,346,926	\$ 71,654,818	\$ 77,461,283	\$ 86,484,763	\$ 91,130,322	\$ 94,583,327	\$ 92,770,887	\$ 97,670,089		X		
TNE - Required Minimum	\$ 11,298,351	\$ 11,256,447	\$ 11,375,911	\$ 11,251,700	\$ 10,941,942	\$ 10,888,039	\$ 10,471,987	\$ 10,792,342		X		
TNE - Excess (Deficiency)	\$ 56,048,575	\$ 60,398,371	\$ 66,085,372	\$ 75,233,063	\$ 80,188,380	\$ 83,695,288	\$ 82,298,900	\$ 86,877,747		X		
Total Enrollment	830,057	832,003	838,685	812,608	801,963	787,464	750,562	771,342		X		
Medi-Cal Enrollment	809,120	810,649	818,075	795,114	783,025	767,091	720,421	730,425		X		
PMPM - Revenue	\$ 98.76	\$ 98.13	\$ 98.45	\$ 103.22	\$ 98.39	\$ 99.71	\$ 99.35	\$ 100.76		X		
PMPM - Medical Expenses	\$ 93.23	\$ 92.76	\$ 92.40	\$ 94.41	\$ 92.48	\$ 94.36	\$ 95.91	\$ 94.33		X		
Working Capital Ratio	1.4:1	1.3:1	1.7:1	1.4:1	1.6:1	1.5:1	1.4:1	1.1:1		X	1.5:1	1.6:1
Medical Expense Ratio	94.40%	94.53%	93.85%	91.46%	94.00%	94.63%	96.54%	93.62%		X	93.24%	93.83%
Administrative Expense Ratio	3.40%	3.71%	3.81%	4.96%	3.79%	3.90%	4.27%	4.27%		X	4.33%	3.78%
Profit Margin Ratio	2.20%	1.76%	2.34%	3.59%	2.22%	1.47%	-0.81%	2.10%		X	2.43%	2.39%
Debt to Equity Ratio	2.7:1	2.5:1	1.3:1	2.0:1	1.0:1	1.0:1	1.0:1	0.9:1		X	2.0:1	1.7:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: January - December

Plan Name: Molina Healthcare of California

Contract Type: Commercial Plan

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	6/30/2004			12/31/2003	12/31/2002
Total Revenue	\$ 83,324,045	\$ 85,458,436	\$ 87,300,870	\$ 76,193,268	\$ 68,152,552	\$ 67,921,360	\$ 67,715,258	\$ 67,687,112		X	\$ 316,792,290	\$ 322,798,826
Total Expenses	\$ 81,569,020	\$ 79,472,284	\$ 81,264,176	\$ 71,010,638	\$ 63,424,168	\$ 65,529,891	\$ 63,823,077	\$ 63,384,543		X	\$ 303,253,447	\$ 301,813,321
Net Income (Loss)	\$ 775,562	\$ 3,622,621	\$ 3,687,163	\$ 3,444,481	\$ 2,784,580	\$ 2,391,469	\$ 2,204,505	\$ 2,569,627		X	\$ 13,538,843	\$ 13,384,359
Incurred But Not Reported (IBNR)	\$ 25,284,418	\$ 24,911,630	\$ 25,428,186	\$ 12,279,440	\$ 14,968,055	\$ 15,650,233	\$ 12,068,215	\$ 14,498,712		X		
Days of Unpaid Claims	37	40	37	28	30	27	23	27		X		
TNE	\$ 20,095,118	\$ 22,855,412	\$ 34,272,605	\$ 19,695,798	\$ 22,594,695	\$ 24,679,000	\$ 27,303,329	\$ 29,872,644		X		
TNE - Required Minimum	\$ 9,194,551	\$ 9,982,787	\$ 9,938,752	\$ 6,659,104	\$ 6,632,484	\$ 6,787,583	\$ 6,789,636	\$ 7,338,668		X		
TNE - Excess (Deficiency)	\$ 10,900,567	\$ 12,872,625	\$ 24,333,853	\$ 13,036,694	\$ 15,962,211	\$ 17,891,417	\$ 20,513,693	\$ 22,533,976		X		
Total Enrollment	286,180	289,490	293,761	256,512	254,393	252,389	245,187	247,663		X		
Medi-Cal Enrollment	274,082	276,625	280,149	242,291	239,469	237,500	231,020	232,808		X		
PMPM - Revenue	\$ 97.05	\$ 98.40	\$ 99.06	\$ 99.01	\$ 89.30	\$ 89.70	\$ 92.06	\$ 91.10		X		
PMPM - Medical Expenses	\$ 82.62	\$ 81.60	\$ 82.37	\$ 81.91	\$ 75.09	\$ 75.88	\$ 77.82	\$ 77.76		X		
Working Capital Ratio	1.3:1	1.4:1	1.5:1	1.3:1	1.4:1	1.7:1	1.8:1	1.8:1		X	1.5:1	1.3:1
Medical Expense Ratio	85.13%	82.93%	83.15%	82.73%	84.09%	84.59%	84.53%	85.35%		X	83.32%	82.87%
Administrative Expense Ratio	12.75%	10.07%	9.93%	10.47%	8.97%	9.35%	9.73%	8.29%		X	9.93%	10.63%
Profit Margin Ratio	0.93%	4.24%	4.22%	4.52%	4.09%	3.52%	3.26%	3.80%		X	4.27%	4.15%
Debt to Equity Ratio	2.0:1	1.9:1	1.3:1	1.7:1	1.3:1	1.1:1	0.9:1	0.9:1		X	1.2:1	2.0:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: July - June

Plan Name: San Francisco

Contract Type: Local Initiative

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			6/30/2004	6/30/2003
Total Revenue	\$ 15,744,359	\$ 15,613,161	\$ 15,605,642	\$ 16,883,144	\$ 17,279,844	\$ 17,910,727	\$ 19,059,370	\$ 20,292,294		X	\$ 71,133,084	\$ 62,010,519
Total Expenses	\$ 14,210,119	\$ 14,720,531	\$ 15,754,433	\$ 15,825,541	\$ 16,433,871	\$ 17,814,852	\$ 17,611,372	\$ 19,161,322		X	\$ 66,891,749	\$ 58,990,011
Net Income (Loss)	\$ 1,534,240	\$ 892,630	\$ (148,791)	\$ 1,053,992	\$ 843,469	\$ 95,875	\$ 1,447,998	\$ 1,130,972		X	\$ 3,441,335	\$ 3,020,508
Incurred But Not Reported (IBNR)	\$ 462,628	\$ 707,741	\$ 622,000	\$ 406,983	\$ 707,718	\$ 1,337,224	\$ 1,143,970	\$ 3,860,807		X		
Days of Unpaid Claims	6	9	8	6	9	13	11	27		X		
TNE	\$ 13,687,241	\$ 14,579,871	\$ 14,431,079	\$ 15,485,072	\$ 16,328,541	\$ 16,424,416	\$ 17,872,414	\$ 19,003,387		X		
TNE - Required Minimum	\$ 1,189,163	\$ 1,226,163	\$ 1,204,467	\$ 1,339,003	\$ 1,361,497	\$ 1,417,552	\$ 1,396,660	\$ 1,599,099		X		
TNE - Excess (Deficiency)	\$ 12,498,078	\$ 13,353,708	\$ 13,226,612	\$ 14,146,069	\$ 14,967,044	\$ 15,006,864	\$ 16,475,754	\$ 17,404,288		X		
Total Enrollment	40,151	41,218	42,356	43,653	45,013	46,065	46,981	47,738		X		
Medi-Cal Enrollment	27,772	28,033	28,522	29,077	29,721	30,452	31,152	31,598		X		
PMPM - Revenue	\$ 130.71	\$ 126.26	\$ 122.81	\$ 128.92	\$ 127.96	\$ 129.60	\$ 135.23	\$ 141.69		X		
PMPM - Medical Expenses	\$ 105.44	\$ 106.01	\$ 115.17	\$ 108.56	\$ 108.67	\$ 109.51	\$ 116.01	\$ 120.61		X		
Working Capital Ratio	2.0:1	2.0:1	1.9:1	1.9:1	1.9:1	1.9:1	1.8:1	1.8:1		X	1.8:1	1.9:1
Medical Expense Ratio	80.67%	83.96%	93.78%	84.21%	84.92%	84.50%	85.79%	85.12%		X	84.88%	86.06%
Administrative Expense Ratio	9.59%	10.32%	7.18%	9.52%	10.19%	10.53%	6.61%	9.31%		X	9.16%	9.07%
Profit Margin Ratio	9.74%	5.72%	-0.95%	6.24%	4.88%	0.54%	7.60%	5.57%		X	4.84%	4.87%
Debt to Equity Ratio	1.0:1	1.0:1	1.1:1	1.1:1	1.1:1	1.2:1	1.2:1	1.2:1		X	1.2:1	1.1:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: July - June

Plan Name: San Joaquin

Contract Type: Local Initiative

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			6/30/2004	6/30/2003
Total Revenue	\$ 19,777,909	\$ 19,884,794	\$ 20,148,497	\$ 19,776,316	\$ 20,192,354	\$ 20,295,199	\$ 21,370,693	\$ 21,051,183	X		\$ 81,248,788	\$ 79,076,793
Total Expenses	\$ 18,682,393	\$ 18,843,296	\$ 19,462,846	\$ 19,068,002	\$ 19,511,063	\$ 19,671,169	\$ 20,686,921	\$ 20,298,715	X		\$ 78,192,155	\$ 76,540,479
Net Income (Loss)	\$ 1,095,516	\$ 1,041,498	\$ 685,651	\$ 708,314	\$ 681,291	\$ 624,030	\$ 683,772	\$ 752,468		X	\$ 3,442,408	\$ 3,492,886
Incurred But Not Reported (IBNR)	\$ 4,673,078	\$ 5,508,871	\$ 5,359,520	\$ 6,088,184	\$ 5,931,785	\$ 6,433,222	\$ 7,460,337	\$ 8,446,044		X		
Days of Unpaid Claims	57	40	37	44	47	51	47	48		X		
TNE	\$ 33,556,745	\$ 34,598,243	\$ 35,283,894	\$ 36,037,158	\$ 36,718,450	\$ 37,342,480	\$ 38,026,252	\$ 39,523,720		X		
TNE - Required Minimum	\$ 3,964,856	\$ 3,913,144	\$ 4,086,470	\$ 3,986,368	\$ 4,096,845	\$ 4,132,581	\$ 4,468,362	\$ 4,311,565		X		
TNE - Excess (Deficiency)	\$ 29,591,889	\$ 30,685,099	\$ 31,197,424	\$ 32,050,790	\$ 32,621,605	\$ 33,209,899	\$ 33,557,890	\$ 35,212,155		X		
Total Enrollment	63,926	64,307	65,434	65,415	66,999	76,086	75,908	76,023		X		
Medi-Cal Enrollment	55,872	56,184	57,062	57,046	56,998	57,145	57,558	58,030		X		
PMPM - Revenue	\$ 103.13	\$ 103.07	\$ 102.64	\$ 100.77	\$ 100.46	\$ 88.91	\$ 93.84	\$ 92.30		X		
PMPM - Medical Expenses	\$ 86.03	\$ 86.98	\$ 86.39	\$ 85.31	\$ 85.42	\$ 75.78	\$ 80.88	\$ 79.92		X		
Working Capital Ratio	2.8:1	3.4:1	3.4:1	3.1:1	3.2:1	3.4:1	3.2:1	2.9:1		X	3.3:1	3.2:1
Medical Expense Ratio	83.42%	84.39%	84.17%	84.66%	85.03%	85.23%	86.19%	86.58%		X	84.78%	85.68%
Administrative Expense Ratio	11.04%	10.37%	12.43%	11.76%	11.60%	11.70%	10.61%	9.84%		X	11.46%	11.19%
Profit Margin Ratio	5.54%	5.24%	3.40%	3.58%	3.37%	3.07%	3.20%	3.57%		X	4.24%	4.42%
Debt to Equity Ratio	0.5:1	0.4:1	0.4:1	0.5:1	0.4:1	0.4:1	0.4:1	0.5:1		X	0.4:1	0.4:1

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: July - June

Plan Name: Santa Clara

Contract Type: Local Initiative

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			6/30/2004	6/30/2003
Total Revenue	\$ 28,517,502	\$ 28,307,708	\$ 30,375,641	\$ 31,800,302	\$ 31,681,708	\$ 32,078,815	\$ 32,898,037	\$ 33,216,897	X		\$ 127,738,613	\$ 113,444,622
Total Expenses	\$ 27,697,581	\$ 27,995,115	\$ 29,843,199	\$ 31,237,971	\$ 31,540,673	\$ 32,048,521	\$ 32,437,746	\$ 33,046,189	X		\$ 124,767,413	\$ 108,890,246
Net Income (Loss)	\$ 819,921	\$ 312,593	\$ 532,442	\$ 562,331	\$ 141,035	\$ 30,294	\$ 460,291	\$ 170,708		X	\$ 1,682,395	\$ 4,271,758
Incurred But Not Reported (IBNR)	\$ 6,679,016	\$ 7,420,955	\$ 8,331,899	\$ 1,383,364	\$ 1,932,013	\$ 3,308,849	\$ 4,561,284	\$ 1,076,451		X		
Days of Unpaid Claims	32	35	35	13	18	24	28	18		X		
TNE	\$ 19,324,003	\$ 19,630,388	\$ 20,169,466	\$ 22,592,217	\$ 22,769,389	\$ 22,836,215	\$ 23,296,506	\$ 23,292,156		X		
TNE - Required Minimum	\$ 2,394,780	\$ 2,256,455	\$ 2,416,394	\$ 2,529,730	\$ 2,525,010	\$ 2,533,990	\$ 2,617,140	\$ 2,678,633		X		
TNE - Excess (Deficiency)	\$ 16,929,223	\$ 17,373,933	\$ 17,753,072	\$ 20,062,487	\$ 20,244,379	\$ 20,302,225	\$ 20,679,366	\$ 20,613,523		X		
Total Enrollment	83,973	87,020	91,883	95,029	95,943	96,771	96,665	98,587		X		
Medi-Cal Enrollment	60,581	62,578	66,812	69,673	70,260	71,185	72,043	74,291		X		
PMPM - Revenue	\$ 113.20	\$ 108.43	\$ 110.20	\$ 111.55	\$ 110.07	\$ 110.50	\$ 113.44	\$ 112.31		X		
PMPM - Medical Expenses	\$ 97.87	\$ 95.18	\$ 95.36	\$ 98.04	\$ 97.52	\$ 98.01	\$ 98.88	\$ 99.48		X		
Working Capital Ratio	2.5:1	2.5:1	2.3:1	2.4:1	2.6:1	2.5:1	2.5:1	2.6:1		X	2.5:1	2.6:1
Medical Expense Ratio	86.46%	87.78%	86.54%	87.89%	88.60%	88.70%	87.16%	88.58%		X	86.59%	84.79%
Administrative Expense Ratio	10.65%	11.11%	11.71%	10.34%	10.96%	11.21%	11.44%	10.91%		X	11.08%	11.44%
Profit Margin Ratio	2.88%	1.10%	1.75%	1.77%	0.45%	0.09%	1.40%	0.51%		X	1.32%	3.77%
Debt to Equity Ratio	0.6:1	0.7:1	0.7:1	0.7:1	0.6:1	0.6:1	0.6:1	0.6:1		X	0.6:1	0.6:1

COHS Financial Indicators Multiple Quarters Report
FIRB (5 spreadsheets)

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: July - June

Plan Name: CalOptima

Contract Type: COHS

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			6/30/2003	6/30/2002
Total Revenue	\$ 189,308,263	\$ 189,235,722	\$ 200,123,630	\$ 193,675,454	\$ 194,696,119	\$ 199,158,646	\$ 195,356,094	\$ 200,539,501		X	\$ 756,794,264	\$ 707,960,583
Total Expenses	\$ 192,522,403	\$ 192,279,982	\$ 194,008,197	\$ 197,549,820	\$ 199,563,918	\$ 200,506,025	\$ 206,066,064	\$ 204,043,121		X	\$ 760,624,667	\$ 694,535,749
Net Income (Loss)	\$ (3,214,140)	\$ (3,044,260)	\$ 6,115,433	\$ (3,874,366)	\$ (4,867,799)	\$ (1,347,379)	\$ (10,709,970)	\$ (3,503,620)	X		\$ (3,830,403)	\$ 13,424,834
Incurred But Not Reported (IBNR)	\$ 85,825,327	\$ 79,646,353	\$ 72,708,078	\$ 80,502,557	\$ 89,729,734	\$ 81,938,405	\$ 81,561,281	\$ 77,262,134		X		
Days of Unpaid Claims	46	43	39	40	44	41	40	39		X		
TNE	\$ 145,177,523	\$ 142,133,263	\$ 148,248,695	\$ 144,794,655	\$ 139,926,857	\$ 138,579,478	\$ 127,869,835	\$ 125,901,183		X		
TNE - Required Minimum	\$ 34,677,309	\$ 34,946,939	\$ 35,134,260	\$ 36,308,923	\$ 36,632,319	\$ 36,737,843	\$ 36,997,303	\$ 37,431,215		X		
TNE - Excess (Deficiency)	\$ 110,500,214	\$ 107,186,324	\$ 113,114,435	\$ 108,485,732	\$ 103,294,538	\$ 101,841,635	\$ 90,872,532	\$ 88,469,968		X		
Total Enrollment	307,940	314,063	317,715	323,209	323,343	326,392	324,211	325,226		X		
Medi-Cal Enrollment	282,083	287,126	289,036	290,748	291,020	295,559	295,719	297,098		X		
PMPM - Revenue	\$ 204.92	\$ 200.85	\$ 209.96	\$ 199.74	\$ 200.71	\$ 203.39	\$ 200.85	\$ 205.54		X		
PMPM - Medical Expenses	\$ 199.94	\$ 195.60	\$ 194.73	\$ 195.36	\$ 199.45	\$ 197.54	\$ 204.19	\$ 201.33	X			
Working Capital Ratio	1.2:1	1.2:1	1.2:1	1.1:1	1.1:1	1.1:1	1.0:1	.98:1		X	1.2:1	1.2:1
Medical Expense Ratio	97.57%	97.39%	92.74%	97.81%	99.37%	97.12%	101.66%	97.95%	X		96.28%	93.46%
Administrative Expense Ratio	4.13%	4.22%	4.20%	4.19%	3.13%	3.55%	3.82%	3.78%		X	4.23%	4.63%
Profit Margin Ratio	-1.70%	-1.61%	3.06%	-2.00%	-2.50%	-0.68%	-5.48%	-1.75%	X		-0.51%	2.93%
Debt to Equity Ratio	0.9:1	0.9:1	0.8:1	0.9:1	1.0:1	0.9:1	0.9:1	1.0:1		X	0.8:1	0.8:1

Remarks:

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: January - December

**Central Coast
Alliance for
Plan Name: Health**

Contract Type: COHS

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			12/31/2003	12/31/2002
Total Revenue	\$ 53,367,599	\$ 52,807,261	\$ 59,390,212	\$ 53,732,708	\$ 55,160,744	\$ 51,717,372	\$ 55,351,014	\$ 58,784,246		X	\$ 220,232,616	\$ 203,514,271
Total Expenses	\$ 53,677,947	\$ 52,230,113	\$ 61,192,706	\$ 54,797,087	\$ 52,287,095	\$ 53,119,495	\$ 56,426,993	\$ 55,981,472		X	\$ 218,751,241	\$ 199,076,315
Net Income (Loss)	\$ (310,348)	\$ 577,148	\$ (1,802,494)	\$ (1,064,379)	\$ 2,873,649	\$ (1,402,123)	\$ (1,075,979)	\$ 2,802,774	X		\$ 1,481,375	\$ 4,437,956
Incurred But Not Reported (IBNR)	\$ 38,275,736	\$ 33,795,002	\$ 38,448,333	\$ 41,110,544	\$ 39,346,641	\$ 32,325,371	\$ 33,682,613	\$ 34,146,946		X		
Days of Unpaid Claims	72	66	65	76	76	65	65	70	X			
TNE	\$ 36,708,799	\$ 37,285,949	\$ 35,483,454	\$ 34,419,079	\$ 37,292,727	\$ 36,788,054	\$ 35,712,079	\$ 38,514,856		X		
TNE - Required Minimum	\$ 13,261,994	\$ 13,487,981	\$ 14,898,925	\$ 13,868,641	\$ 13,477,359	\$ 13,626,955	\$ 14,172,533	\$ 14,058,789		X		
TNE - Excess (Deficiency)	\$ 23,446,805	\$ 23,797,968	\$ 20,584,529	\$ 20,550,438	\$ 23,815,368	\$ 23,161,099	\$ 21,539,546	\$ 24,456,067		X		
Total Enrollment	85,098	86,788	83,859	84,281	81,901	83,991	83,547	83,506		X		
Medi-Cal Enrollment	83,385	85,059	82,064	82,473	80,033	82,138	81,745	81,229		X		
PMPM - Revenue	\$ 222.00	\$ 202.82	\$ 236.07	\$ 212.51	\$ 224.50	\$ 205.25	\$ 220.84	\$ 234.65		X		
PMPM - Medical Expenses	\$ 201.47	\$ 188.58	\$ 230.24	\$ 203.27	\$ 198.71	\$ 197.35	\$ 212.00	\$ 208.23	X			
Working Capital Ratio	1.7:1	1.9:1	1.8:1	1.8:1	1.8:1	1.8:1	1.3:1	1.4:1		X	1.3:1	1.3:1
Medical Expense Ratio	94.44%	92.98%	97.53%	95.65%	88.51%	96.15%	96.00%	88.74%	X		93.91%	91.77%
Administrative Expense Ratio	6.14%	5.92%	5.51%	6.33%	6.28%	6.56%	5.94%	6.49%		X	6.02%	6.06%
Profit Margin Ratio	-0.58%	1.09%	-3.04%	-1.98%	5.21%	-2.71%	-1.94%	4.77%	X		0.67%	2.17%
Debt to Equity Ratio	1.3:1	1.1:1	1.3:1	1.4:1	1.2:1	1.1:1	1.3:1	1.1:1		X	1.2:1	1.2:1

Remarks:

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: May - April

**Partnership
Plan Name:** Health Plan

Contract Type: COHS

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	10/31/2002	1/31/2003	4/30/2003 (4)	7/31/2003	10/31/2003	1/31/2004	4/30/2004	7/31/2004			4/30/2003	4/30/2002
Total Revenue	\$ 63,748,756	\$ 62,930,659	\$ 64,304,721	\$ 62,752,933	\$ 63,037,570	\$ 64,099,083	\$ 65,788,133	\$ 65,031,729		X	\$ 252,372,553	\$ 228,600,100
Total Expenses	\$ 67,028,578	\$ 64,560,269	\$ 65,928,593	\$ 64,727,259	\$ 62,723,244	\$ 64,847,536	\$ 63,007,129	\$ 65,199,887		X	\$ 259,206,923	\$ 224,781,443
Net Income (Loss)	\$ (3,279,822)	\$ (1,629,610)	\$ (1,300,763)	\$ (1,812,733)	\$ 560,837	\$ (494,683)	\$ 2,781,004	\$ (168,158)	X		\$ (6,834,370)	\$ 3,818,657
Incurred But Not Reported (IBNR)	\$ 32,509,859	\$ 32,638,844	\$ 35,273,301	\$ 38,726,293	\$ 38,194,586	\$ 41,036,491	\$ 39,289,248	\$ 37,842,772		X		
Days of Unpaid Claims	56	64	58	63	67	70	72	70	X			
TNE	\$ 41,262,430	\$ 40,632,819	\$ 39,332,057	\$ 37,519,323	\$ 38,080,160	\$ 37,581,772	\$ 40,470,245	\$ 40,486,244		X		
TNE - Required Minimum	\$ 21,249,585	\$ 20,976,886	\$ 21,434,907	\$ 20,917,644	\$ 13,003,805	\$ 13,041,654	\$ 12,908,574	\$ 13,458,729		X		
TNE - Excess (Deficiency)	\$ 21,012,845	\$ 19,655,933	\$ 17,897,150	\$ 16,601,679	\$ 25,076,355	\$ 24,540,118	\$ 27,561,671	\$ 27,027,515		X		
Total Enrollment	-	82,056	83,599	84,562	85,221	86,500	86,958	87,267		X		
Medi-Cal Enrollment	81,216	82,056	79,760	80,629	81,054	82,568	82,866	83,142		X		
PMPM - Revenue	\$ 261.64	\$ 255.64	\$ 268.74	\$ 259.43	\$ 259.24	\$ 258.77	\$ 264.64	\$ 260.73		X		
PMPM - Medical Expenses	\$ 264.90	\$ 250.91	\$ 262.51	\$ 255.21	\$ 245.53	\$ 249.69	\$ 240.34	\$ 249.57	X	X		
Working Capital Ratio	1.9:1	1.8:1	1.8:1	1.7:1	1.7:1	1.7:1	1.7:1	1.4:1		X	1.8:1	1.8:1
Medical Expense Ratio	101.25%	98.15%	97.68%	98.37%	94.71%	96.49%	90.82%	95.72%	X		98.80%	93.43%
Administrative Expense Ratio	3.89%	4.44%	4.85%	4.77%	4.79%	4.68%	4.95%	4.50%		X	4.80%	4.89%
Profit Margin Ratio	5.14%	-2.59%	-2.02%	-2.89%	0.89%	-0.77%	-0.77%	-0.77%	X		-2.73%	1.67%
Debt to Equity Ratio	1.1:1	1.3:1	1.3:1	1.4:1	1.4:1	1.5:1	1.5:1	1.5:1		X	1.3:1	1.2:1

Remarks:

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: July - June

Plan Name: Santa Barbara Regional
Health Authority

Contract Type: COHS

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited									Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004				6/30/2004	6/30/2003
Total Revenue	\$ 36,907,348	\$ 38,848,727	\$ 38,329,360	\$ 37,601,182	\$ 39,828,542	\$ 37,027,774	\$ 39,268,941	\$ 38,090,618		X		\$ 153,114,694	\$ 146,494,451
Total Expenses	\$ 35,098,574	\$ 35,645,886	\$ 37,010,813	\$ 38,475,468	\$ 34,910,995	\$ 35,749,567	\$ 40,254,422	\$ 37,453,087		X		\$ 148,793,869	\$ 138,778,393
Net Income (Loss)	\$ 1,808,774	\$ 3,202,841	\$ 1,318,547	\$ (874,286)	\$ 4,917,547	\$ 1,278,207	\$ (985,481)	\$ 637,531		X		\$ 4,320,825	\$ 7,716,058
Incurred But Not Reported (IBNR)	\$ 19,131,014	\$ 18,930,016	\$ 18,276,619	\$ 17,343,335	\$ 17,185,755	\$ 15,708,122	\$ 18,051,778	\$ 18,814,505		X			
Days of Unpaid Claims	73	65	59	58	57	56	51	66		X			
TNE	\$ 13,403,134	\$ 16,145,013	\$ 17,463,565	\$ 18,425,074	\$ 23,342,623	\$ 24,620,826	\$ 23,635,345	\$ 24,739,123		X			
TNE - Required Minimum	\$ 9,771,901	\$ 9,754,407	\$ 9,889,070	\$ 10,252,539	\$ 9,657,082	\$ 9,618,860	\$ 9,957,576	\$ 9,907,444		X			
TNE - Excess (Deficiency)	\$ 3,631,233	\$ 6,390,606	\$ 7,574,495	\$ 8,172,535	\$ 13,685,541	\$ 15,001,966	\$ 13,677,769	\$ 14,831,679		X			
Total Enrollment	52,398	53,271	54,024	54,395	54,726	55,565	55,725	55,829		X			
Medi-Cal Enrollment	50,359	51,211	51,913	52,272	52,589	53,429	53,638	53,852		X			
PMPM - Revenue	\$ 244.29	\$ 243.09	\$ 236.50	\$ 230.42	\$ 242.59	\$ 222.13	\$ 234.90	\$ 227.42		X			
PMPM - Medical Expenses	\$ 214.91	\$ 206.38	\$ 210.30	\$ 221.58	\$ 198.54	\$ 200.56	\$ 227.05	\$ 208.91		X			
Working Capital Ratio	1.5:1	1.6:1	1.7:1	1.7:1	2.1:1	2.1:1	2.0:1	1.8:1		X		1.2:1	1.9:1
Medical Expense Ratio	87.97%	84.90%	88.92%	96.17%	81.84%	90.29%	96.66%	91.86%		X		91.10%	87.39%
Administrative Expense Ratio	7.13%	6.85%	7.64%	6.16%	5.81%	6.26%	5.85%	6.46%		X		6.07%	7.34%
Profit Margin Ratio	4.90%	8.24%	3.44%	-2.33%	12.35%	3.45%	-2.51%	1.67%		X		2.82%	5.27%
Debt to Equity Ratio	1.9:1	1.5:1	1.3:1	1.3:1	0.9:1	0.9:1	0.9:1	1.2:1		X		0.9:1	1.1:1

Remarks:

**Medi-Cal Managed Care Division
Fiscal Monitoring Unit
Financial Indicators Multiple Quarters Report**

Fiscal Year: January - December

Plan Name: San Mateo Health
Comission

Contract Type: COHS

FINANCIAL INDICATORS	Quarterly Financial Statements - Unaudited								Concerns		Yearly Audited Financial Statements	
	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Quarter Ended	Yes	No	Year Ended	Year Ended
	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/2004	6/30/2004	9/30/2004			12/31/2003	12/31/2002
Total Revenue	\$ 30,343,485	\$ 31,613,031	\$ 28,971,886	\$ 30,880,192	\$ 32,474,310	\$ 31,414,957	\$ 32,008,062	\$ 32,233,022		X	\$ 123,939,414	\$ 113,582,653
Total Expenses	\$ 30,307,762	\$ 30,889,925	\$ 31,650,992	\$ 32,173,823	\$ 29,224,677	\$ 33,304,160	\$ 32,437,524	\$ 30,770,691		X	\$ 123,939,414	\$ 112,924,735
Net Income (Loss)	\$ 35,723	\$ 723,106	\$ (2,679,106)	\$ (1,293,631)	\$ 3,249,633	\$ (1,889,203)	\$ (429,462)	\$ 1,462,331	X		\$ -	\$ 657,918
Incurred But Not Reported (IBNR)	\$ 19,212,763	\$ 21,091,066	\$ 21,455,866	\$ 18,534,659	\$ 15,744,444	\$ 16,221,284	\$ 16,294,953	\$ 14,778,613		X		
Days of Unpaid Claims	67	73	74	62	60	52	57	53		X		
TNE	\$ 13,392,830	\$ 16,044,432	\$ 13,365,326	\$ 12,071,695	\$ 15,321,328	\$ 13,432,125	\$ 13,002,663	\$ 14,464,994		X		
TNE - Required Minimum	\$ 6,239,908	\$ 7,046,202	\$ 7,121,981	\$ 7,682,155	\$ 7,018,852	\$ 8,182,487	\$ 7,730,287	\$ 6,757,851		X		
TNE - Excess (Deficiency)	\$ 7,152,922	\$ 8,998,230	\$ 6,243,345	\$ 4,389,540	\$ 8,302,476	\$ 5,249,638	\$ 5,272,376	\$ 7,707,143		X		
Total Enrollment	46,784	48,736	51,128	51,758	52,944	53,969	54,334	54,869		X		
Medi-Cal Enrollment	44,428	45,105	45,711	44,689	45,096	45,874	46,101	46,707		X		
PMPM - Revenue	\$ 216.20	\$ 216.22	\$ 188.88	\$ 198.88	\$ 204.46	\$ 194.03	\$ 196.37	\$ 195.82		X		
PMPM - Medical Expenses	\$ 196.85	\$ 194.58	\$ 189.34	\$ 190.63	\$ 166.91	\$ 191.38	\$ 183.25	\$ 172.95	X			
Working Capital Ratio	1.4:1	1.4:1	1.4:1	1.4:1	1.5:1	1.5:1	1.6:1	1.6:1		X	1.5:1	1.4:1
Medical Expense Ratio	91.05%	89.99%	100.24%	95.85%	81.64%	98.63%	93.32%	88.32%	X		92.74%	91.32%
Administrative Expense Ratio	8.82%	7.72%	9.01%	8.34%	8.36%	7.38%	8.01%	7.13%		X	7.63%	9.33%
Profit Margin Ratio	0.12%	2.29%	-9.25%	-4.19%	10.01%	-6.01%	-1.34%	4.54%	X		0.00%	0.59%
Debt to Equity Ratio	2.4:1	2.4:1	2.3:1	2.6:1	1.9:1	2.1:1	1.7:1	1.6:1		X	2.0:1	2.2:1

Remarks:

GMC Plan FIRB QUARTERLY SUMMARY REPORT
FIRB (9 spreadsheets)

**MEDI-CAL MANAGED CARE DIVISION
FIRB QUARTERLY SUMMARY REPORT
FOR THE QUARTER ENDED JUNE 30, 2004**

PLAN MODEL: GMC

FINANCIAL INDICATORS	Blue Cross	CHG	Health Net	Kaiser	Molina	Sharp	Universal	WHA	GMC AVG.
Total Revenue	\$ 2,684,110,000	\$ 29,923,669	\$ 1,557,258,614	\$ 7,014,377,000	\$ 67,715,258	\$ 51,372,859	\$ 112,607,850	\$ 44,050,058	\$ 1,445,176,914
Total Expenses	\$ 2,458,481,000	\$ 33,180,534	\$ 1,508,437,117	\$ 6,613,364,000	\$ 63,832,077	\$ 54,002,527	\$ 112,753,739	\$ 44,058,875	\$ 1,361,013,734
Net Income (Loss)	\$ 132,670,000	\$ (3,256,865)	\$ 29,379,300	\$ 401,013,000	\$ 2,204,505	\$ (2,629,668)	\$ 2,042,654	\$ (8,817)	\$ 70,176,764
Incurred But Not Reported (IBNR)	\$ 1,219,861,000	\$ 5,370,843	\$ 419,161,233	\$ 290,210,000	\$ 12,068,215	\$ 9,921,677	\$ 28,238,729	\$ 1,497,332	\$ 248,291,129
Days of Unpaid Claims	48	36	35	11	23	25	38	5	28
TNE	\$ 1,185,337,000	\$ 13,369,096	\$ 317,954,427	\$ 8,966,384,000	\$ 27,303,329	\$ 6,491,405	\$ 19,092,765	\$ 5,060,442	\$ 1,317,624,058
TNE - Required Minimum	\$ 296,663,000	\$ 7,170,868	\$ 143,425,479	\$ 690,818,000	\$ 6,789,636	\$ 6,469,787	\$ 9,739,342	\$ 3,108,286	\$ 145,523,050
TNE - Excess (Deficiency)	\$ 888,674,000	\$ 6,198,228	\$ 174,528,948	\$ 8,275,566,000	\$ 20,513,693	\$ 21,618	\$ 9,353,423	\$ 1,952,156	\$ 1,172,101,008
Total Enrollment	4,629,686	101,762	2,199,584	6,414,145	245,187	124,559	491,200	71,664	1,784,723
Medi-Cal Enrollment	837,372	72,869	562,981	103,303	231,020	49,907	157,349	14,272	253,634
Medi-Cal Participation	18.09%	71.61%	25.59%	1.61%	94.22%	40.07%	32.03%	19.92%	14.21%
PMPM - Revenue	\$ 193.25	\$ 98.02	\$ 235.99	\$ 364.53	\$ 92.06	\$ 137.48	\$ 76.42	\$ 204.89	\$ 269.92
PMPM - Medical Expense	\$ 154.68	\$ 98.16	\$ 204.91	\$ 332.05	\$ 77.82	\$ 134.21	\$ 67.63	\$ 186.70	\$ 242.87
Working Capital Ratio	1.3:1	1.3:1	1.2:1	1.4:1	1.8:1	1.2:1	1.0:1	1.2:1	1.3:1
Medical Expense Ratio	80.04%	100.14%	86.83%	91.09%	84.53%	97.62%	88.50%	91.12%	89.98%
Administrative Expense Ratio	11.56%	10.75%	10.03%	3.19%	9.73%	7.50%	11.63%	8.90%	9.16%
Profit Margin Ratio	4.94%	-10.88%	1.89%	5.72%	3.26%	-5.12%	1.81%	-0.02%	4.86%
Debt to Equity Ratio	3.0:1	1.6:1	1.8:1	1.3:1	0.9:1	5.9:1	5.0:1	6.0:1	3.2:1

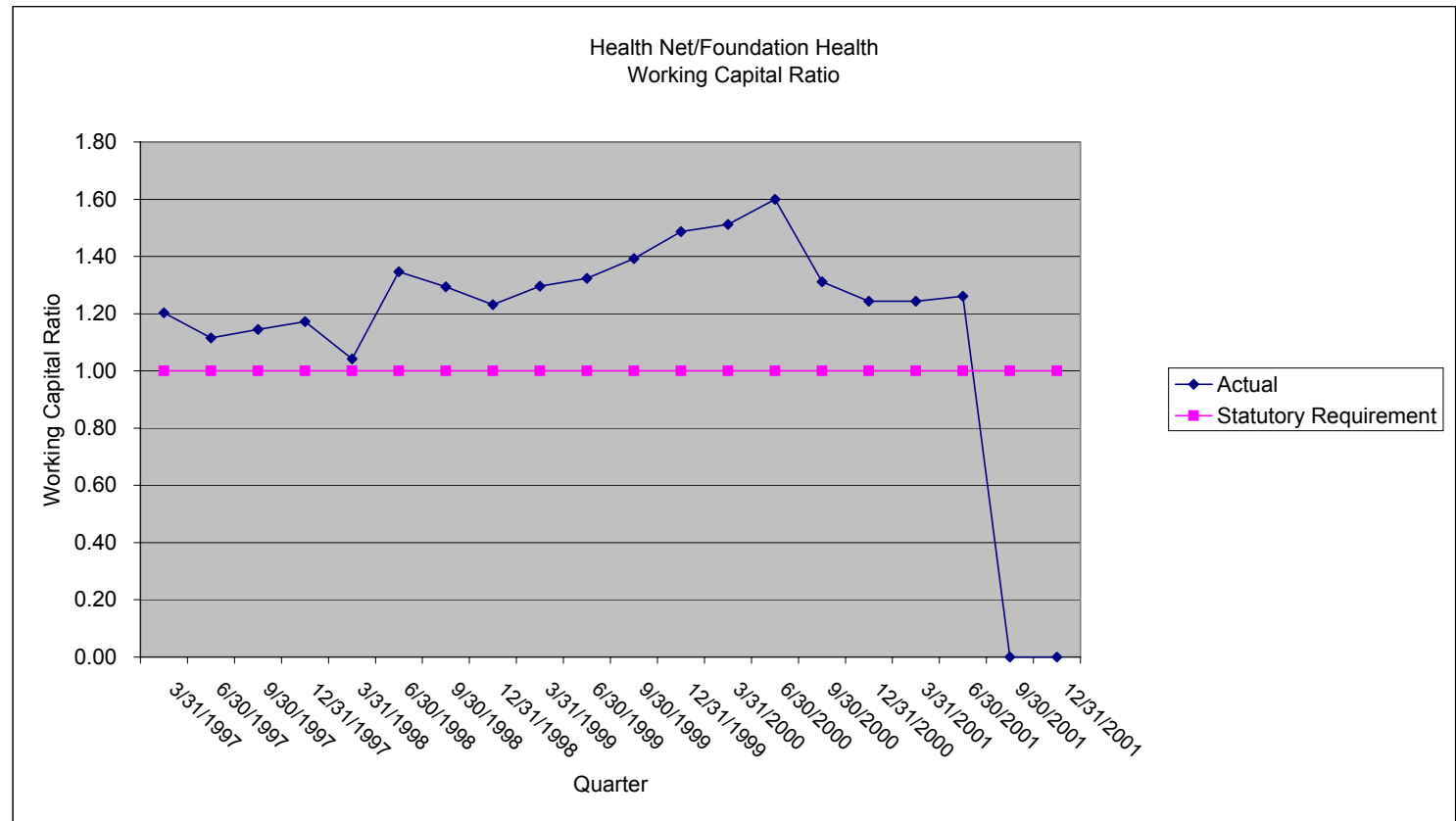
HEALTH NET Financial Spreadsheets
(12 Spreadsheets)

Analysis of Financial Reports Health NetFoundation Health April 9, 1999 HN9798																									
Report #1 - Part A: BALANCE SHEET-ASSETS (See Schedule E for Analysis of Assets) For The Period January 1, 1997 through December 31, 1998																									
CURRENT ASSETS:	Foundation Quarter Ending 3/31/1997	Foundation Quarter Ending 6/30/1997	Foundation Quarter Ending 9/30/1997	Health Net Quarter Ending 12/31/1997	Health Net Quarter Ending 3/31/1998	Health Net Quarter Ending 6/30/1998	Health Net Quarter Ending 9/30/1998	Health Net Quarter Ending 12/31/1998	Health Net Quarter Ending 3/31/1999	Health Net Quarter Ending 6/30/1999	Health Net Quarter Ending 9/30/1999	Health Net Quarter Ending 12/31/1999	Health Net Quarter Ending 3/31/2000	Health Net Quarter Ending 6/30/2000	Health Net Quarter Ending 9/30/2000	Health Net Quarter Ending 12/31/2000	Health Net Quarter Ending 3/31/2001	Health Net Quarter Ending 6/30/2001	Health Net Quarter Ending 9/30/2001	Health Net Quarter Ending 12/31/2001	Health Net Quarter Ending 3/31/1997	Health Net Quarter Ending 12/31/1997	Health Net Year End 12/31/1998	Health Net Year End 12/31/1999	Health Net Year End 12/31/2000
1 Cash (Schedule A-1)	41,595,188.00	21,503,009.00	42,314,007.00	130,387,054.00	31,663,836.00	11,548,758.00	75,787,340.00	204,803,126.00	162,173,214.00	169,970,749.00	253,134,086.00	343,977,002.00	408,400,883.00	371,346,445.00	334,945,255.00	444,085,781.00	504,775,211.00	501,116,794.00	501,116,794.00	501,116,794.00	0.00	0.00	130,387,054.00	204,803,126.00	354,177,002.00
2 Short-Term Investments (Shedule B)	27,160,730.00	27,904,214.00	14,612,471.00	163,899,619.00	155,613,360.00	132,849,999.00	123,602,481.00	121,593,153.00	135,165,166.00	142,650,733.00	143,729,311.00	155,585,096.00	154,200,887.00	164,012,249.00	151,344,956.00	157,889,108.00	155,055,285.00	107,546,456.00	0.00	0.00	0.00	0.00	163,899,619.00	121,593,153.00	145,365,096.00
3 Premiums Receivable-Net (Schedule C)	11,825,785.00	21,238,001.00	14,508,468.00	85,012,258.00	102,281,137.00	105,590,590.00	66,728,387.00	98,830,734.00	66,728,387.00	50,759,782.00	62,766,629.00	45,225,239.00	64,854,689.00	63,882,253.00	72,995,551.00	81,240,381.00	98,759,253.00	93,232,165.00	0.00	0.00	0.00	0.00	85,012,258.00	66,728,387.00	45,225,239.00
4 Interest Receivable	343,531.00	425,163.00	193,543.00	22,181,833.00	2,287,133.00	1,301,514.00	1,347,036.00	1,631,080.00	1,187,075.00	1,617,086.00	1,574,044.00	2,347,461.00	2,766,271.00	5,166,442.00	5,040,003.00	5,805,127.00	4,518,468.00	3,237,154.00	0.00	0.00	0.00	0.00	2,181,833.00	1,631,080.00	4,602,345.00
5 Other Receivables-Net (schedule C)	23,417,384.00	23,045,976.00	25,711,239.00	55,551,559.00	34,687,036.00	27,810,356.00	12,540,041.00	34,037,036.00	23,280,468.00	17,754,508.00	28,535,191.00	12,565,438.00	5,794,634.00	8,265,563.00	6,678,910.00	7,606,290.00	10,184,821.00	9,620,465.00	0.00	0.00	0.00	0.00	41,551,559.00	35,868,146.00	10,330,554.00
6 Prepaid Expenses	3,537,249.00	3,951,176.00	4,829,612.00	8,375,623.00	11,647,757.00	10,119,094.00	11,095,481.00	8,578,753.00	10,144,158.00	9,821,496.00	4,974,394.00	3,297,559.00	7,107,284.00	7,522,047.00	3,553,216.00	5,959,208.00	6,456,765.00	4,939,952.00	0.00	0.00	0.00	0.00	10,875,623.00	8,578,753.00	3,297,559.00
7 Aggregate Write-ins for Current Assets	49,056,193.00	70,884,353.00	68,559,157.00	62,027,246.00	68,942,311.00	157,913,411.00	169,865,550.00	174,086,839.00	166,387,289.00	166,387,289.00	173,000,389.00	172,173,092.00	170,460,869.00	219,841,182.00	79,762,224.00	81,778,602.00	73,038,620.00	67,251,757.00	0.00	0.00	0.00	0.00	67,266,343.50	166,387,289.00	172,173,092.50
8 TOTAL CURRENT ASSETS (ITEMS 1 TO 7)	167,840,060.00	168,951,692.00	171,279,397.00	527,435,195.00	407,008,570.00	447,134,683.00	494,069,663.00	611,467,354.00	577,867,643.00	558,261,623.00	667,714,044.00	735,170,887.00	813,585,116.00	840,039,181.00	664,120,115.00	784,365,497.00	852,768,623.00	776,944,743.00	0.00	0.00	0.00	0.00	501,174,289.00	605,595,897.00	735,170,887.00
OTHER ASSETS:																									
9 Restricted Assets (Schedule A-2)	300,000.00	300,000.00	300,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,714,505.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10 Restricted Funds (Schedule A-3)	0.00	0.00	0.00	38,150,741.00	37,639,926.00	31,487,135.00	30,352,950.00	29,376,885.00	28,335,136.00	30,399,830.00	29,279,981.00	7,787,678.00	6,314,127.00	5,088,638.00	3,688,308.00	2,338,904.00	0.00	0.00	0.00	0.00	0.00	0.00	38,150,741.00	29,276,885.00	7,787,679.00
11 Loan Escrow	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,713,801.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12 Long-Term Investments (Schedule B)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13 Intangible Assets and Goodwill-Net (Schedule E)	41,328,830.00	40,784,716.00	40,079,233.00	139,923,849.00	135,993,728.00	132,012,348.00	127,904,058.00	123,931,528.00	114,981,113.00	111,574,608.00	108,168,123.00	101,355,111.00	97,948,603.00	94,542,094.00	91,045,565.00	87,636,121.00	84,226,677.00	84,226,677.00	0.00	0.00	0.00	0.00	139,923,849.00	123,931,528.00	104,761,618.00
14 Leasehold Improvements-Net (Schedule E)	2,086,660.00	2,937,159.00	2,828,544.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15 Aggregate Write-Ins for Other Assets	5,387,931.00	5,278,177.00	5,132,584.00	15,934,902.00	117,052,137.00	54,868,868.00	48,810,093.00	62,792,215.00	63,219,128.00	63,899,923.00	52,843,067.00	67,195,800.00	65,049,212.00	3,149,675.00	178,577,462.00	181,103,603.00	179,003,569.00	179,003,569.00	0.00	0.00	0.00	0.00	72,326,281.00	60,155,568.00	67,195,800.00
16 TOTAL OTHER ASSETS (Items 9 to 15)	49,105,427.00	49,300,052.00	48,340,361.00	194,009,492.00	290,685,791.00	218,358,351.00	207,067,101.00	216,100,628.00	206,535,377.00	205,874,361.00	190,291,171.00	179,745,096.00	172,718,450.00	106,186,916.00	276,807,864.00	274,488,072.00	271,354,195.00	267,944,047.00	0.00	0.00	0.00	0.00	250,400,871.00	213,363,981.00	179,745,097.00
PROPERTY AND EQUIPMENT-NET (Schedule D)																									
17 Land	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	2,100,000.00	0.00	0.00	0.00	0.00	2,100,000.00	2,100,000.00	2,100,000.00
18 Building and Improvements	6,300,690.00	4,421,922.00	4,851,208.00	9,886,396.00	10,620,571.00	8,824,762.00	8,319,892.00	8,782,470.00	9,027,270.00	8,738,995.00	6,435,942.00	7,915,510.00	7,463,627.00	7,143,293.00	6,857,992.00	6,971,244.00	6,284,025.00	6,000,680.00	0.00	0.00	0.00	0.00	9,886,396.00	8,782,470.00	7,915,510.00
19 Construction in Progress	5,940.00	0.00	0.00	315,684.00	3,289,873.00	1,195,052.00	1,865,285.00	5,851,924.00	4,972,008.00	6,926,288.00	8,919,558.00	8,476,043.00	3,419,340.00	3,711,292.00	5,938,240.00	8,711,765.00	12,562,565.00	3,054,817.00	0.00	0.00	0.00	0.00	5,851,924.00	5,851,924.00	8,000,901.00
20 Furniture and Equipment	49,736,271.00	49,074,572.00	50,150,879.00	12,080,516.00	9,109,388.00	16,486,013.00	12,041,621.00	29,139,096.00	28,863,288.00	26,317,310.00	27,791,867.00	25,607,159.00	24,839,284.00	12,615,362.00	11,322,472.00	10,128,303.00	8,940,942.00	7,652,766.00	0.00	0.00	0.00	0.00	12,080,516.00	29,139,097.00	25,607,159.00
21 Aggregate Write-ins for Other Equipment	0.00	0.00	0.00	71,245,652.00	70,689,690.00	67,838,152.00	64,185,613.00	42,330,839.00	41,232,702.00	37,073,525.00	30,605,618.00	29,428,137.00	25,785,534.00	40,110,341.00	37,424,254.00	34,368,308.00	30,828,632.00	27,474,479.00	0.00	0.00	0.00	0.00	68,556,819.50	42,330,839.00	29,428,736.50
22 TOTAL PROPERTY AND EQUIPMENT-NET (Items 17 to 21)	58,142,908.00	55,596,494.00	56,802,087.00	95,628,148.00	96,443,979.00	95,619,522.00	88,522,411.00	89,204,289.00	86,195,268.00	83,156,018.00	77,852,985.00	73,051,707.00	68,664,488.00	65,368,326.00	61,416,010.00	59,105,095.00	56,865,564.00	55,790,490.00	0.00	0.00	0.00	0.00	95,628,148.00	89,204,290.00	73,050,306.00
23 TOTAL ASSETS (Items 8, 16 and 22)	275,088,393.00	273,848,438.00	276,421,845.00	817,072,835.00	793,513,883.00	761,937,013.00	789,659,175.00	915,772,271.00	870,598,288.00	847,292,002.00	935,856,200.00	987,967,690.00	1,054,968,054.00	1,011,614,423.00	1,002,343,989.00	1,117,959,664.00	1,181,008,382.00	1,100,679,280.00	0.00	0.00	0.00	0.00	847,203,308.00	907,164,168.00	987,966,290.00

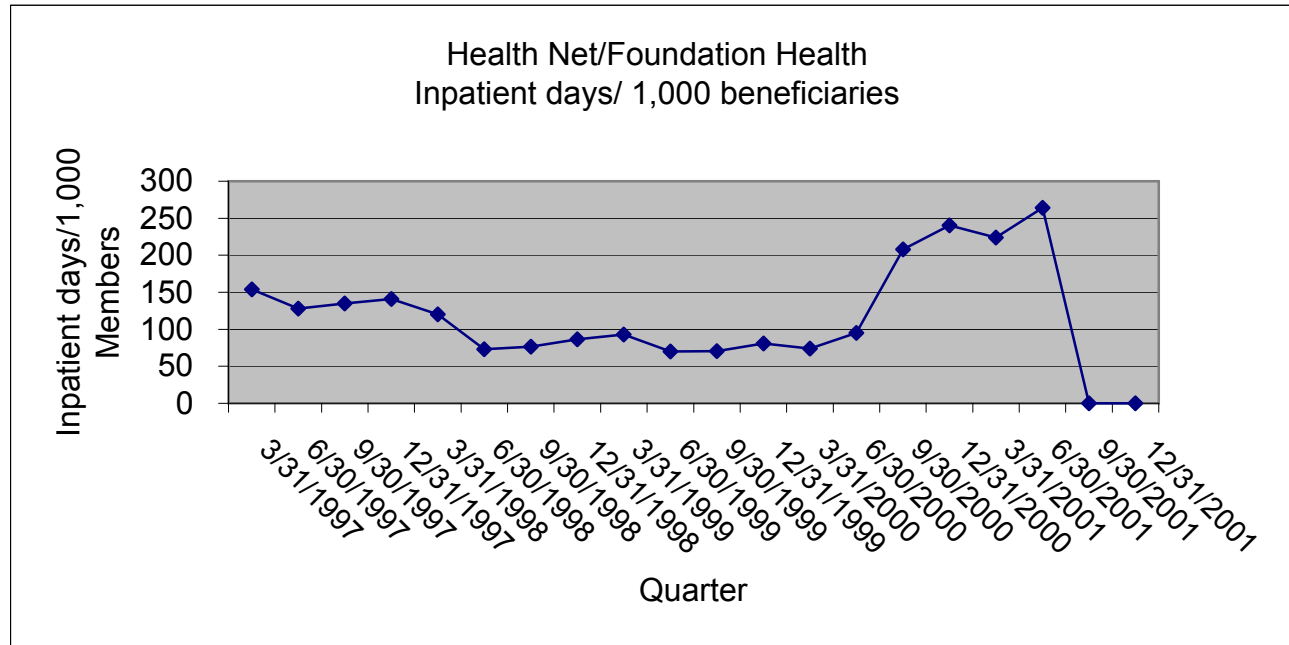
Analysis of Financial Reports Health Net/Foundation Health April 9, 1999 File:MASTER1 Report #2: STATEMENT OF REVENUE, EXPENSES AND NET WORTH For The Period January 1, 1997 through December 31, 1998																								
	Quarter Ending 3/31/1997	Quarter Ending 6/30/1997	Quarter Ending 9/30/1997	Quarter Ending 12/31/1997	Quarter Ending 3/31/1998	Quarter Ending 6/30/1998	Quarter Ending 9/30/1998	Quarter Ending 12/31/1998	Quarter Ending 3/31/1999	Quarter Ending 6/30/1999	Quarter Ending 9/30/1999	Quarter Ending 12/31/1999	Quarter Ending 3/31/2000	Quarter Ending 6/30/2000	Quarter Ending 9/30/2000	Quarter Ending 12/31/2000	Quarter Ending 3/31/2001	Quarter Ending 6/30/2001	Quarter Ending 9/30/2001	Quarter Ending 12/31/2001	Year End 12/31/1997	Year End 12/31/1998	Year End 12/31/1999	Year End 12/31/2000
TOTAL MEMBER MONTHS	2,127,137	2,118,095	2,409,584	6,660,056	6,726,457	6,819,442	6,824,861	6,774,061	6,561,468	6,519,519	6,550,203	6,545,437	6,462,970	6,426,585	6,516,471	6,742,986	6,456,806	7,153,249	-	-	65,822,110	27,146,853	26,176,922	-
MEDI-CAL MEMBER MONTHS	560,322	666,351	913,722	876,834	961,565	1,117,808	1,229,269	1,306,700	1,348,791	1,395,348	1,420,736	1,424,171	1,381,279	1,375,709	1,341,085	1,419,279	1,524,390	1,630,476	0	0	3,007,229	4,629,292	5,589,046	0
MEDICARE MEMBER MONTHS	103,493	106,220	109,322	608,370	625,874	623,326	519,296	507,840	484,250	455,095	447,578	442,226	435,543	428,166	423,643	425,394	425,006	426,398	0	0	1,914,225	2,172,947	1,829,149	0
ANNUALIZED HOSPITAL DAYS INCURRED/1,000	154	128	135	141	120	73	76	87	93	70	81	74	95	208	240	224	264	0	0	141	88	81	0	0
MEDI-CAL ONLY																								
TOTAL MEMBERS UNDER AGE 65 AT END OF PERIOD	578,965	630,925	703,337	2,024,165	2,076,988	2,105,623	2,095,540	2,071,625	2,018,384	2,022,432	2,028,733	2,034,173	2,034,173	1,988,346	2,053,922	2,117,015	2,175,170	2,240,325	0	0	2,024,165	2,071,625	2,034,880	0
TOTAL MEMBERS AGE 65 AND OLDER AT END OF PERIOD	125,330	128,336	77,909	173,680	174,776	173,868	172,595	168,457	158,968	158,347	148,776	145,505	144,017	141,077	162,304	162,405	163,007	161,680	0	0	161,680	168,457	145,505	0
TOTAL MEMBERS AT END OF PERIOD (Subtotal)	704,294	759,261	781,246	2,185,835	2,251,764	2,279,391	2,268,135	2,239,882	2,177,352	2,177,779	2,177,509	2,179,678	2,179,678	2,132,363	2,194,999	2,279,319	2,337,875	2,403,422	0	0	2,185,835	2,239,882	2,180,385	0
TOTAL MEDICARE ENROLLMENT AT END OF PERIOD	34,874	35,897	36,539	161,680	174,776	173,868	172,595	168,457	158,968	158,347	148,776	145,506	144,017	142,666	141,077	142,666	141,719	161,680	0	0	161,680	168,457	145,505	0
TOTAL MEDICAL ENROLLMENT AT END OF PERIOD	165,282	249,423	292,054	294,591	335,750	390,014	415,848	445,405	450,352	469,962	473,354	476,981	476,981	466,245	485,913	520,029	592,707	594,591	0	0	594,591	645,405	476,581	0
TOTAL COMMERCIAL ENROLLMENT AT END OF PERIOD	484,138	473,941	452,653	1,729,564	1,738,229	1,715,509	1,679,692	1,626,120	1,568,022	1,552,470	1,555,379	1,557,491	1,557,591	1,540,938	1,587,677	1,650,740	1,675,467	1,709,418	0	0	1,729,564	1,626,120	1,568,219	0
REVENUES:																								
1 Premium	152,866,786.00	150,344,031.00	145,129,746.00	588,969,253.00	606,683,033.00	603,745,052.00	586,582,722.00	591,802,733.00	583,687,773.00	579,010,826.00	595,784,209.00	587,212,121.00	612,220,955.00	615,052,040.00	627,680,460.00	653,553,733.00	727,656,460.00	752,232,335.00	0.00	0.00	2,353,812,278.00	2,375,173,724.00	2,343,110,921.00	3,939,007,000.00
2 Fee-For-Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3 Copayments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4 Title XVII Medicare	40,490,475.00	42,228,540.00	43,499,909.00	218,319,518.00	222,444,066.00	225,072,858.00	223,040,164.00	225,838,138.00	213,943,889.00	203,947,801.00	198,945,267.00	208,479,081.00	219,454,234.00	222,897,030.00	216,921,404.00	227,414,913.00	232,085,176.00	236,362,971.00	0.00	0.00	857,624,421.00	905,905,300.00	825,316,038.00	0.00
5 Title XIX-Medicad	54,585,305.00	61,999,851.00	80,228,511.00	75,377,237.00	82,882,735.00	94,528,747.00	103,945,316.00	106,095,733.00	123,073,381.00	126,783,035.00	127,736,179.00	128,875,142.00	128,279,802.00	126,847,241.00	130,624,326.00	163,512,467.00	189,569,244.00	0.00	0.00	272,194,903.00	394,739,393.00	509,153,744.00	0.00	
6 Interest	1,213,837.00	1,166,184.00	700,185.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,377,583.00	11,307,747.00	11,522,892.00	11,558,774.00	0.00	0.00	0.00	0.00	0.00	42,555,000.00
7 C.O.B. and Subrogation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8 Reinsurance Recoveries (Schedule H)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9 Aggregate Write-ins for Other Revenues	1,240,656.00	632,778.00	542,237.00	764,127.00	66,337.00	63,003.00	63,263.00	757,356.00	407,733.00	240,536.00	(20,361.00)	15,296.00	2,074,645.00	3,333,070.00	4,081,407.00	0.00	5,983.00	806,645.00	57,418.00	0.00	4,287,008.00	742,873.00	643,206.00	0.00
10 TOTAL REVENUE (Items 1 to 9)	250,403,059.00	256,271,384.00	270,100,588.00	883,430,135.00	912,076,171.00	923,409,660.00	913,631,467.00	927,493,969.00	921,112,776.00	909,982,201.00	922,447,294.00	924,581,639.00	962,029,639.00	978,506,973.00	990,815,364.00	1,040,899,922.00	1,135,589,343.00	1,169,762,876.00	0.00	0.00	3,487,918,610.00	3,676,561,290.00	3,678,223,909.00	3,981,562,000.00
EXPENSES:																								
Medical and Hospital:																								
11 Physician Services	61,422,802.00	64,263,432.00	74,965,407.00	380,134,428.00	392,584,117.00	397,454,757.00	408,106,392.00	393,809,784.00	400,796,705.00	387,939,245.00	385,517,613.00	384,847,457.00	401,171,648.00	388,299,031.00	393,356,032.00	434,866,801.00	437,870,029.00	448,406,380.00	0.00	0.00	1,458,347,859.00	1,584,066,553.00	1,591,455,161.00	0.00
12 Other Professional Services	29,490,365.00	30,854,242.00	28,041,653.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13 Outside Referrals	11,899,633.00	12,449,957.00	6,063,060.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14 Emergency Room	9,747,352.00	10,198,139.00	11,324,930.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15 Occupancy, Depreciation and Amortization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16 Inpatient	51,799,620.00	54,195,205.00	55,715,192.00	259,941,888.00	295,500,443.00	316,475,089.00	323,004,133.00	307,136,674.00	291,391,233.00	300,837,731.00	298,447,755.00	276,958,467.00	303,712,417.00	313,538,525.00	320,620,579.00	316,256,617.00	376,190,613.00	391,122,843.00	0.00	0.00	1,178,893,950.00	1,249,971,761.00	1,167,592,688.00	0.00
17 Reinsurance	434,695.00	454,694.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18 Other Medical	38,327,166.00	40,099,686.00	38,024,048.00	108,033,389.00	95,686,516.00	92,876,389.00	104,972,829.00	105,881,956.00	105,783,315.00	106,881,854.00	97,805,545.00	108,691,103.00	116,786,645.00	112,679,268.00	121,361,109.00	161,403,990.00	184,576,552.00	0.00	0.00	348,151,008.00	399,417,051.00	419,354,171.00	0.00	
19 Incentive Pool Adjustment	3,826,578.00	4,005,638.00	2,403,571.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20 TOTAL MEDICAL AND HOSPITAL (Items 11 to 19)	206,950,141.00	216,520,995.00	216,537,861.00	748,109,705.00	783,771,076.00	806,806,235.00	806,828,416.00	797,971,253.00	795,658,830.00	781,770,913.00	770,689,380.00	813,575,168.00	818,624,201.00	826,655,879.00	872,484,527.00	975,464,632.00	1,024,105,775.00	0.00	0.00	2,985,392,817.00	3,233,456,365.00	3,178,402,040.00	3,330,742,000.00	
ADMINISTRATION:																								
21 Compensation	11,016,690.00	10,445,960.00	9,782,406.00	32,023,783.00	46,278,319.00	36,912,021.00	41,802,692.00	40,184,763.00	45,706,497.00	44,024,162.00	43,070,185.00	42,804,154.00	36,132,886.00	36,929,192.00	38,046,491.00	45,715,917.00	40,479,136.00	44,052,248.00	0.00	0.00	136,927,440.00	165,201,561.00	157,008,168.00	0.00
22 Interest Expense	66,926.00	47,322.00	46,787.00	(4,834,607.00)	(5,483,719.00)	(3,988,362.00)	(5,468,242.00)	(5,354,515.00)	(5,445,882.00)	(6,050,816.00)	(7,374,441.00)	(9,181,387.00)	(9,186,216.00)	0.00	0.00	0.00	0.00	0.00	0.00	(24,492,460.00)	(20,641,391.00)	(28,183,005.00)	0.00	
23 Occupancy, Depreciation, and Amortization	4,724,136.00	4,508,547.00	5,024,711.00	15,237,566.00	17,962,821.00	20,980,970.00	20,566,326.00	19,617,205.00	15,716,403.00	15,112,130.00	14,555,762.00	15,269,512.00	12,086,328.00	12,085,783.00	12,352,059.00	12,024,462.00	12,292,854.00	0.00	0.00	65,932,851.00	67,889,816.00	68,676,918.00	0.00	
24 Marketing	10,098,717.00	9,966,132.00	9,012,524.00	13,340,970.00	13,340,970.00	4,266,024.00	3,152,271.00	4,162,770.00	5,088,795.00	4,019,094.00	4,019,094.00	5,088,795.00												

Analysis of Financial Reports Health Net/Foundation Health April 9, 1999 HN9798 PER MEMBER-PER-MONTH REVENUE/COST For The Period January 1, 1997 through December 31, 1998																								
	Quarter Ending 3/31/1997	Quarter Ending 6/30/1997	Quarter Ending 9/30/1997	Quarter Ending 12/31/1997	Quarter Ending 3/31/1998	Quarter Ending 6/30/1998	Quarter Ending 9/30/1998	Quarter Ending 12/31/1998	Quarter Ending 3/31/1999	Quarter Ending 6/30/1999	Quarter Ending 9/30/1999	Quarter Ending 12/31/1999	Quarter Ending 3/31/2000	Quarter Ending 6/30/2000	Quarter Ending 9/30/2000	Quarter Ending 12/31/2000	Quarter Ending 3/31/2001	Quarter Ending 6/30/2001	Quarter Ending 9/30/2001	Quarter Ending 12/31/2001	Year End 12/31/1997	Year End 12/31/1998	Year End 12/31/1999	Year End 12/31/2000
REVENUES:																								
1 Premium	71.87	68.71	60.31	88.78	90.19	88.55	85.95	87.35	88.96	88.81	90.96	68.72	94.73	95.70	96.32	96.92	112.70	105.16	0.00	0.00	91.15	87.49	89.51	#DIV/0!
2 Fee-For-Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3 Copayments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4 Title XVIII Medicare	19.04	19.30	18.08	33.28	33.07	33.01	32.68	33.34	32.61	31.28	30.37	24.40	33.96	34.68	33.29	33.73	35.95	33.04	0.00	0.00	33.21	33.37	31.53	0.00
5 Title XIX Medicaid	25.66	28.34	33.34	11.49	12.32	13.86	15.23	16.16	16.76	19.45	19.50	15.08	19.85	19.74	20.08	21.99	25.32	23.71	0.00	0.00	10.54	14.54	19.46	0.00
6 Interest	0.57	0.53	0.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.61	1.74	1.73	1.78	1.62	0.00	0.00	0.00	0.00	0.00	0.00
7 C.O.B. and Subrogation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8 Reinsurance Recoveries (Schedule H)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	0.01	0.00	0.00	0.00	0.00	0.00	0.00
9 Aggregate Write-Ins for Other Revenues	0.58	0.24	0.23	0.12	0.01	0.01	0.01	0.11	0.06	0.04	(0.00)	0.00	0.32	0.52	0.63	0.00	0.00	0.00	0.00	0.17	0.03	0.02	0.00	0.00
10 TOTAL REVENUE (Items 1 to 9)																								
	117.72	117.12	112.23	134.67	135.60	135.43	133.87	136.92	140.38	139.58	140.83	108.20	148.65	152.28	152.05	154.37	175.88	163.53	0.00	0.00	135.07	135.42	140.52	#DIV/0!
EXPENSES:																								
Medical and Hospital:																								
11 Physician Services	28.88	29.37	31.15	57.95	58.36	58.29	59.80	58.13	61.08	59.50	58.86	45.04	62.07	60.42	60.36	64.49	67.82	62.69	0.00	0.00	56.48	58.35	60.80	0.00
12 Other Professional Services	13.86	14.10	11.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13 Outside Referrals	5.59	5.69	2.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14 Emergency Room	4.58	4.66	4.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15 Occupancy, Depreciation and Amortization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16 Inpatient	24.35	24.77	23.15	39.62	43.93	46.41	47.33	45.34	44.41	46.14	45.56	32.41	46.99	48.79	49.20	46.90	58.26	54.68	0.00	0.00	45.65	46.04	44.60	0.00
17 Reinsurance	0.20	0.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18 Other Medical	18.02	18.33	15.80	16.47	14.23	13.62	15.38	15.63	16.12	16.38	14.93	12.74	16.82	18.17	17.29	18.00	25.00	25.80	0.00	0.00	13.48	14.71	16.02	0.00
19 Incentive Pool Adjustment	1.80	1.83	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20 TOTAL MEDICAL AND HOSPITAL (Items 11 to 19)	97.29	98.95	89.98	114.04	116.52	118.33	122.51	119.11	121.61	122.04	119.35	90.19	125.88	127.38	126.86	129.39	151.08	143.17	0.00	0.00	115.61	119.10	121.42	0.00
ADMINISTRATION:																								
21 Compensation	5.18	4.77	4.06	4.88	6.88	5.41	6.13	5.93	6.97	6.75	6.58	5.01	5.59	5.75	5.84	6.78	6.27	6.16	0.00	0.00	5.30	6.09	6.00	0.00
22 Interest Expense	0.03	0.02	0.02	(0.74)	(0.59)	(0.59)	(0.79)	(0.83)	(0.83)	(1.12)	(1.12)	(1.42)	(0.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.95)	(0.76)	(1.58)	0.00
23 Occupancy, Depreciation, and Amortization	2.22	2.06	2.09	2.32	2.67	2.95	3.00	2.45	2.40	2.32	2.22	1.87	1.89	1.85	1.83	1.72	1.86	1.72	0.00	0.00	2.50	2.34	2.00	0.00
24 Marketing	4.75	4.55	3.74	2.03	0.47	0.62	0.49	1.14	0.54	0.64	0.61	0.60	0.33	0.58	0.75	0.86	0.45	0.44	0.00	0.00	1.12	0.74	0.82	0.00
25 Aggregate Write-Ins for Other Administration Expenses	5.55	3.24	4.36	5.81	5.51	4.90	5.53	6.00	4.67	5.52	4.33	6.27	5.47	6.00	6.99	5.82	6.99	7.27	0.00	0.00	5.08	5.82	4.98	#DIV/0!
26 TOTAL ADMINISTRATION (Items 21 to 25)	17.73	14.65	14.28	14.32	14.72	13.30	14.74	14.91	13.46	13.90	13.60	10.60	12.38	14.46	13.92	16.45	16.82	15.58	0.00	0.00	13.10	14.38	12.78	#DIV/0!
27 TOTAL EXPENSES (Items 20 and 26)	115.02	113.60	104.25	128.36	131.24	131.63	136.85	133.85	136.53	135.50	133.15	100.79	138.26	141.85	140.77	145.85	167.90	158.75	0.00	0.00	128.71	133.48	134.20	#DIV/0!
28 INCOME (LOSS)	2.70	3.52	7.88	6.31	4.35	3.80	(2.98)	3.07	3.86	4.08	7.67	7.41	10.59	10.41	11.28	8.52	7.98	4.78	0.00	0.00	6.37	1.94	6.32	#DIV/0!
29 Extraordinary Item	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30 Provision for Taxes	1.14	(4.18)	3.24	2.52	1.80	1.59	(1.43)	1.33	1.60	1.57	3.31	3.04	4.38	4.29	4.56	3.57	3.21	1.98	0.00	0.00	0.80	0.82	2.61	#DIV/0!
31 NET INCOME (LOSS)	1.56	7.70	4.74	3.80	2.55	2.21	(1.55)	1.74	2.26	2.51	4.36	4.37	6.21	6.13	6.72	4.95	4.77	2.80	0.00	0.00	5.56	1.12	3.70	#DIV/0!

Health Net/Foundation Health

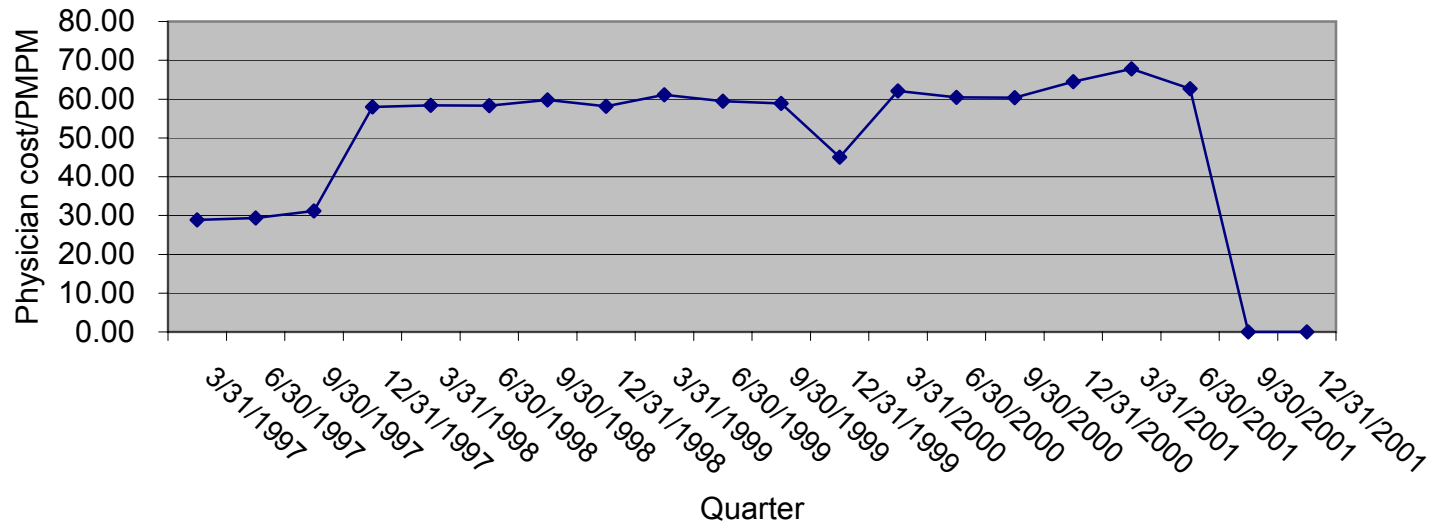


Health Net/Foundation Health



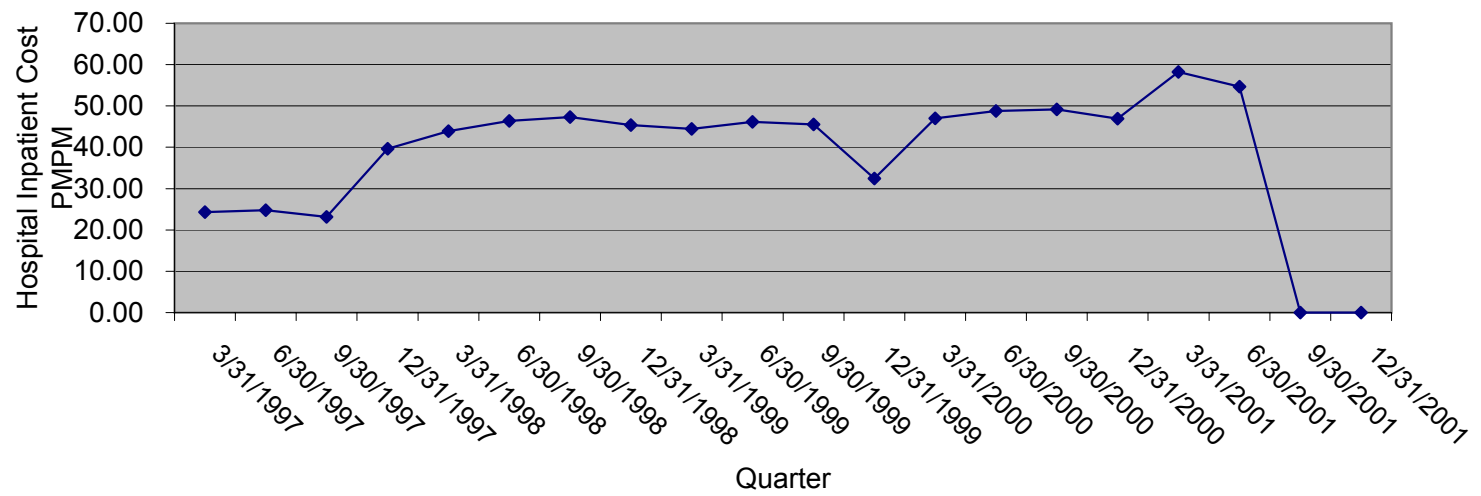
Health Net/Foundation Health

Health Net/Foundation Health
Physician costs/ PMPM

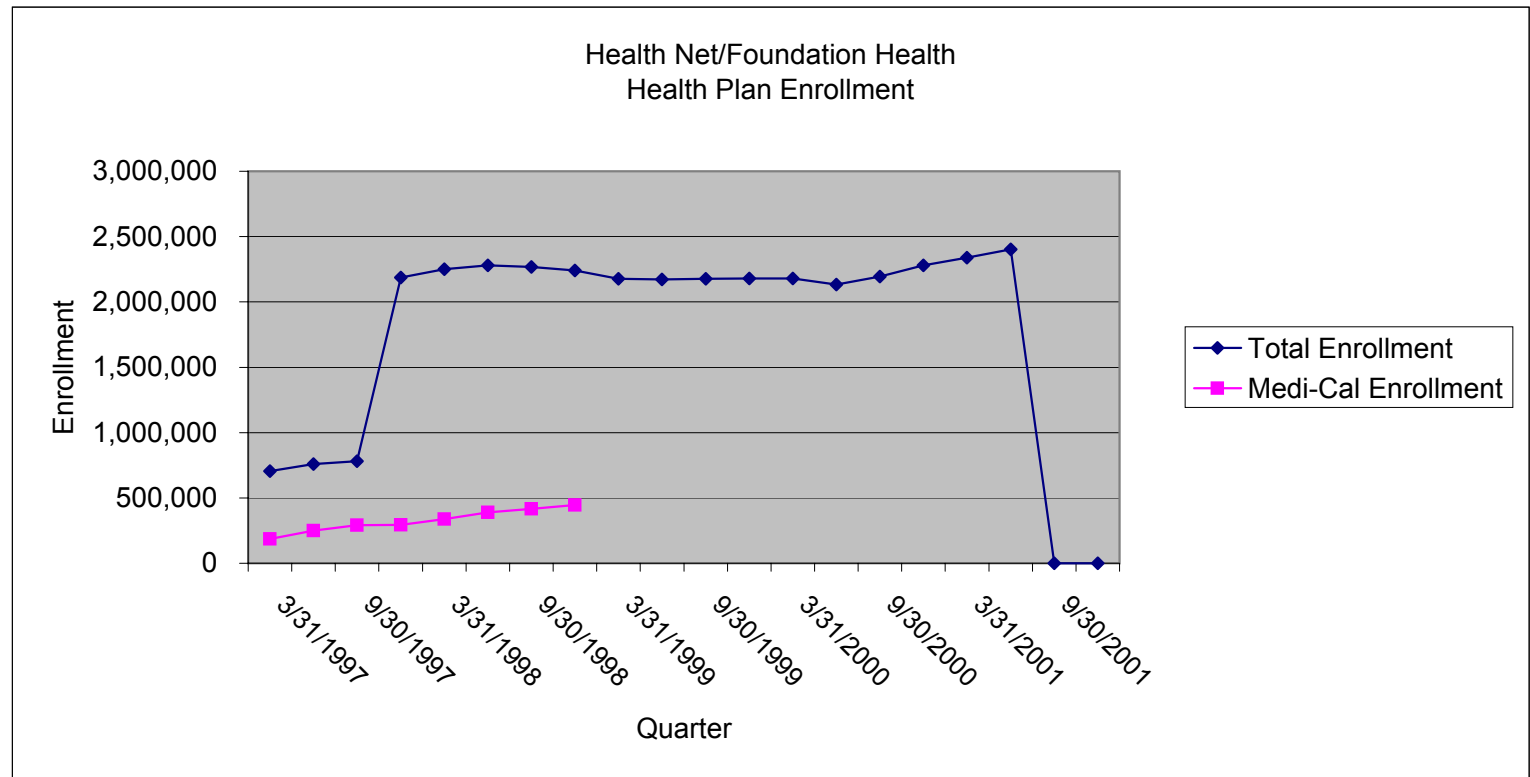


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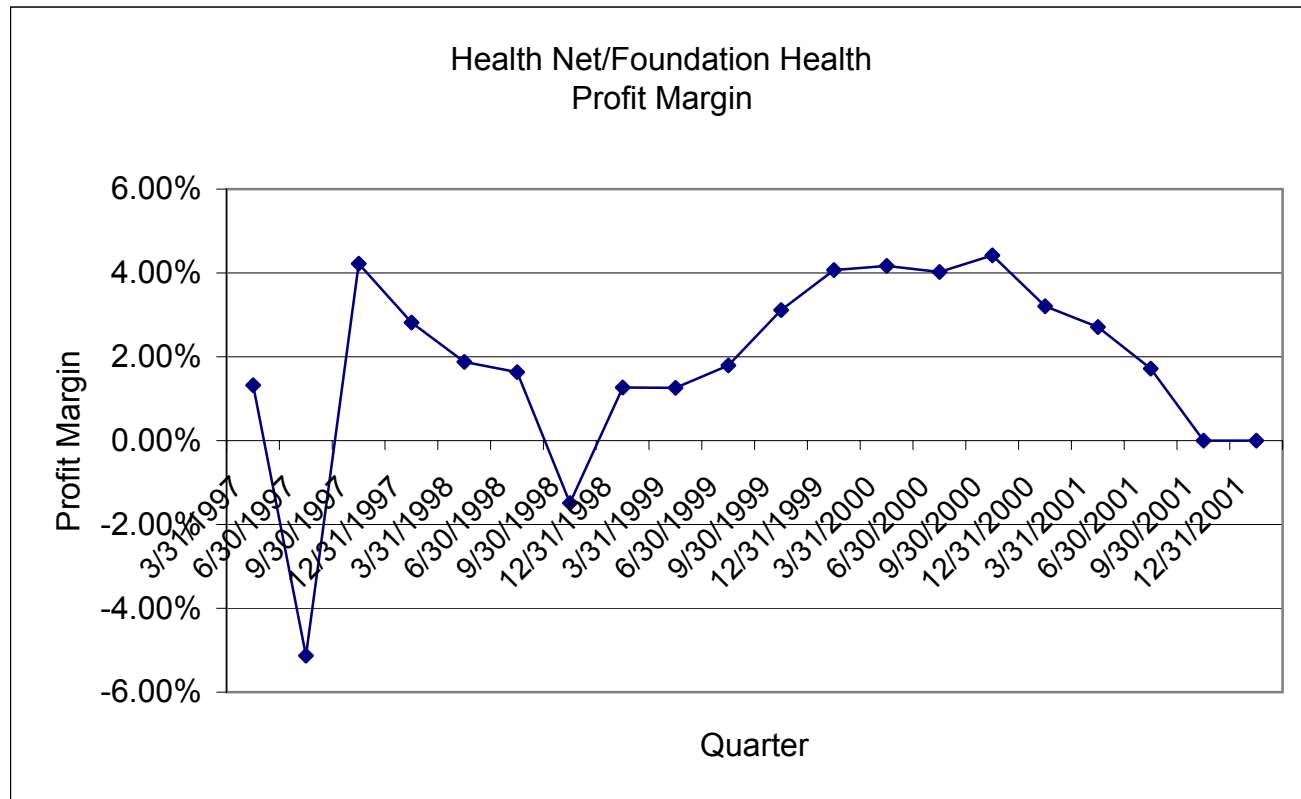
Health Net/Foundation Health
Hospital Costs / PMPM



Health Net/Foundation Health

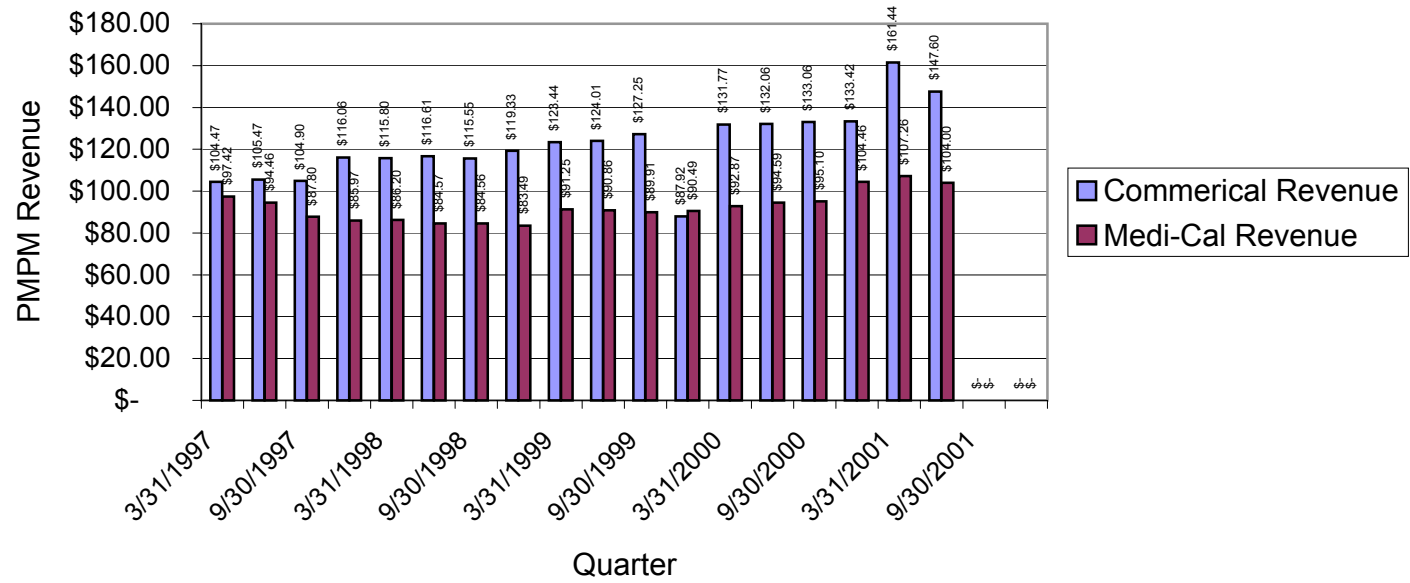


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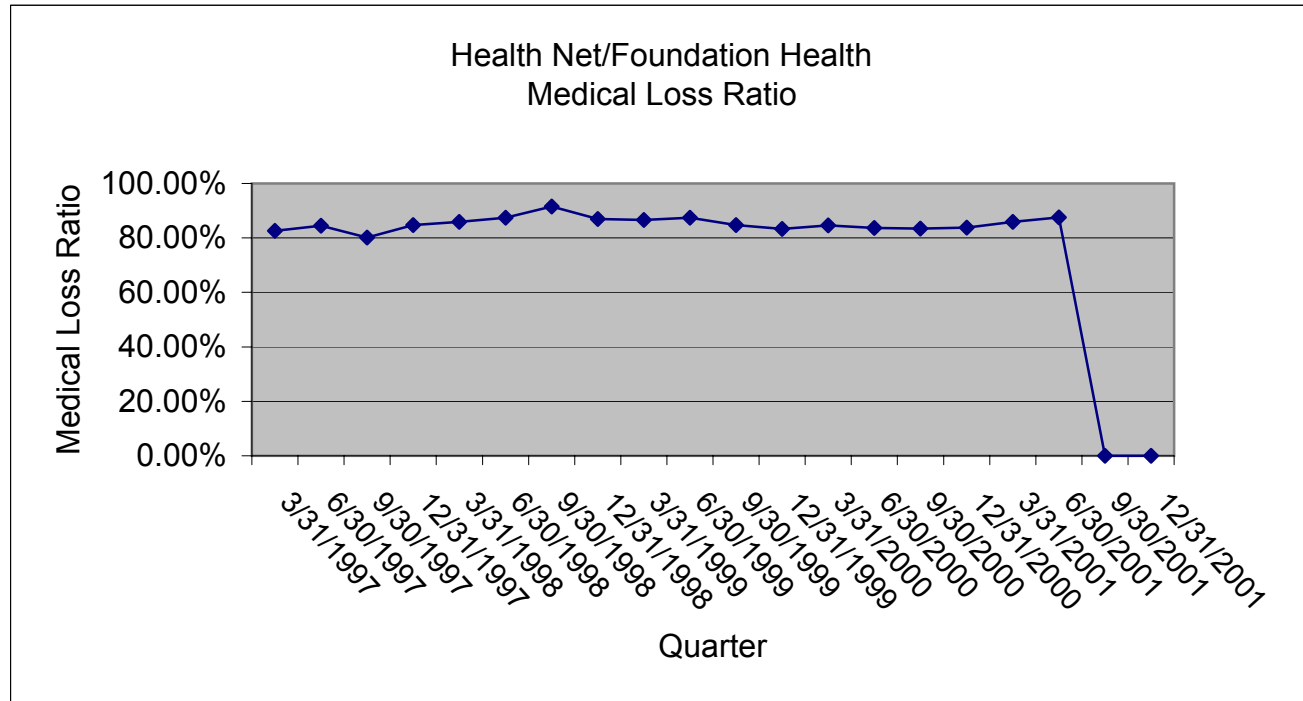


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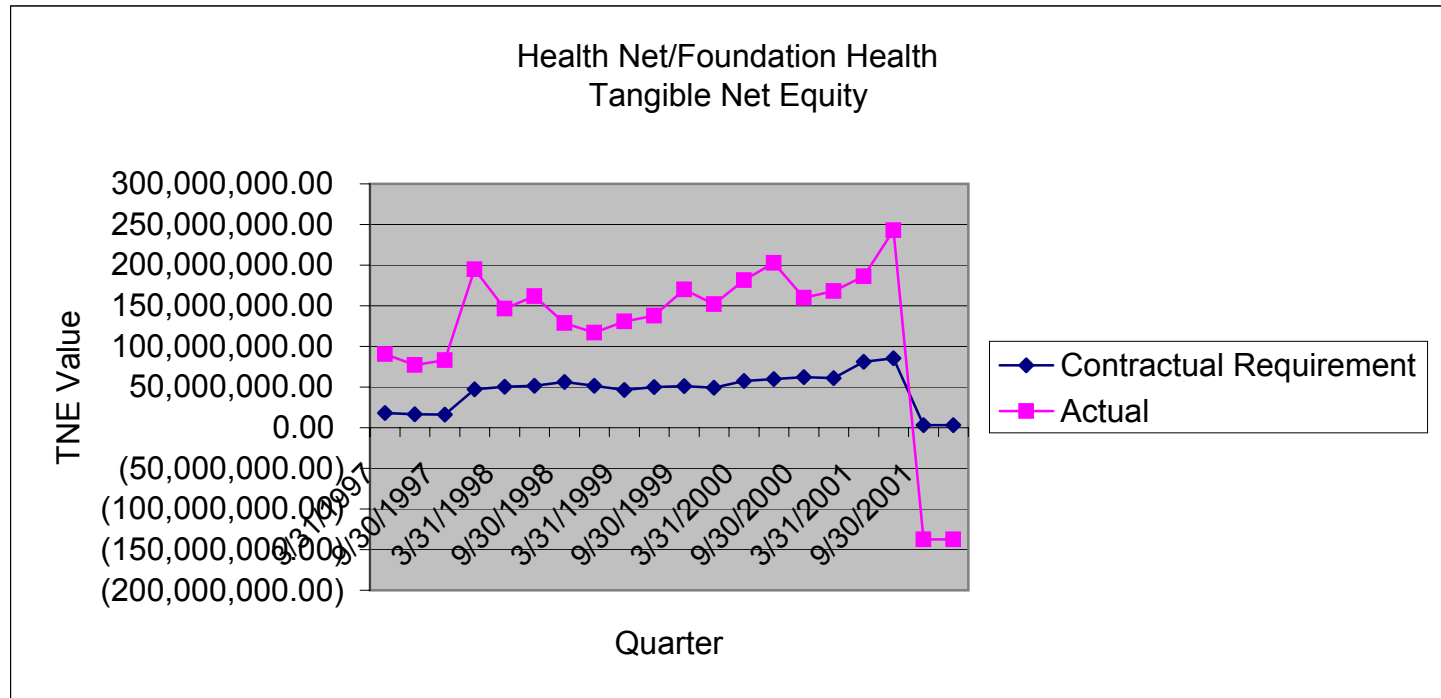
Health Net/Foundation Health Revenue Per-Member-Per-Month



Health Net/Foundation Health



Health Net/Foundation Health



Health Net/Foundation Health

